

CHEMIST & DRUGGIST

The newswweekly for pharmacy

April 23, 1994

**Dorset at
forefront of
repeat pilots**

**PSNC initiates
new MP group**

**Council agrees
Pharmacy Week**

**Barton takes
top prize in
Shop Awards**

**LIG brands go,
plants shut**

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CHEMIST & DRUGGIST

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Comment

Whatever is controversial, downright unacceptable, or politically incorrect to the bulk of society is deemed to be fringe, *avant-garde*, or trendy depending on your point of view. For years, vegetarians, vegans or healthfood fadsters could have been categorised that way, but now the cult is coming in from the cold, judging by the mood of the promoters of Helfex and the leaders of the healthfood industry (see p675).

For years, providing a food was held to be a food or a food supplement, and not a medicine, life-enhancing claims could be made because they were at once both natural and nutritious and therefore able to "do you good". Certain healthfood products dealt in myths and folklore and, while not harmful if used as foods or supplements, tended to thrive on the oxygen of publicity in the Press and on the grapevine. All well and good providing that folk felt the better for sampling such healthfood wares and were not ripped off financially or disappointed when the claims outweighed the results. Now it seems that the wheel has turned full circle and alternative medicines are becoming *complementary*: the mystique of the natural is giving way to the scientific with clinical-type trial data and straightforward research being cited as evidence of efficacy and licensed products becoming all the rage for marketing.

Thus it is that the healthfood leaders seek to accentuate the scientifically positive evidence that substantiates the healthfood supplements, to draw away from overgenerous and flippant claims made by some manufacturers, and back the licensed product as more acceptable for the protection of the public and the good of their health.

How strange that the healthfood and supplement manufacturers appear to be splitting themselves into two camps, in effect pursuing the ways of allopathic medicines companies who can only make therapeutic claims within the terms of their product licence — precise terms that are known only to themselves and the licensing agency. The vitamins, minerals and supplements market boomed through the late '80s and early 1990s but now has slowed right down (see the latest IMS/PAGB data, C&D April 9, p607), with consolidation the norm and the big building on their quick-drying cement foundations with complementary display advertising and promotion, and the smaller companies fighting for air in a market that is becoming more traditional by the minute as it sheds its alternative culture and becomes street-legal.

A brave new world indeed, but one to be welcomed within the endless search for a better health and lifestyle. As the NHS options diminish space for complementary medicines with a *scientific* pedigree will increase.

Dorset pharmacists at forefront of repeat prescribing pilots

Dorset Health Commission is initiating two pharmacy-based pilot schemes to tackle the problems of repeat prescribing.

DHC pharmaceutical advisor Pamela Young says: "We are keen to support repeat dispensing initiatives which evaluate interventions pharmacists can make in patient care and the potential to reduce medicines' wastage."

The first scheme involves GPs issuing a prescription over-stamped with the number of instalments they want dispensed. As this renders the prescription invalid, the pharmacist will generate "prescriptions" on the pharmacy computer when the patient returns for a repeat dispensing. This form is then taken to the doctor for signing. GPs decide on an individual basis the length of time between reviewing medication.

This pilot scheme will operate through one pharmacy, that of Local Pharmaceutical Committee secretary Roger King, in tandem with his local fund-holding GP practice. Mr King says: "It gives pharmacists the authority to regulate the supply of patient medication. We have a prescription, but we are generating our own invoice."

Mr King says the pilot only covers exempt patients as they normally sign the back of their prescription. This also acts as a receipt for drugs and allows the practice to receive a complete audit of drugs dispensed.

Initially the scheme will pick up what items patients do not request when they come in for their repeats. This information will be duplicated and sent both to the GPs, to re-assess treatment and to the DHC. "Aside from setting it up, the workload is not going to be any different from taking in prescriptions over the counter. The initial time will be in explaining it to patients," says Mr King.

The Health Commission will produce patient information leaflets and a set of protocols for health professionals. The basics of the scheme have been approved by the Royal Pharmaceutical Society's Law and Ethics Committee.

A second scheme, where two pharmacies will hold long-term prescriptions dispensed in monthly instalments, is still to be finalised. Howard Bowsher, LPC member and a member of the DHC working party on repeat prescribing, says the scheme is funded outwith the NHS and has

been termed the "private repeat scheme".

"There is no mechanism under the NHS for pharmacists to dispense in instalments, aside from specific Controlled Drugs. This scheme is going to try and support pharmacists in terms of dispensing fees," points out Ms Young.

A prescription will be issued to patients for a course of treatment which can vary between three months and one year. Protocols are to be set up to define treatment periods for certain conditions.

"I have yet to work out the exact form of payment," says Mr Bowsher. Effectively there will be an on-cost payment to cover the

stock investment from the initial dispensing. For example, for a six-month prescription the pharmacist will receive one fee from the NHS and five fees from the DHC.

It is also hoped that pharmacists will receive a flat-rate fee based on the number of repeat dispensings done over the course of the pilot.

Both schemes are scheduled to begin at the start of the Summer once details are finalised.

Another scheme is already operating through two pharmacies with GPs issuing post-dated prescriptions for patients to hold. The number of prescriptions given depends on the length of treatment required.

Action against Irish three-year ruling dismissed

A judge has dismissed an action against the Pharmaceutical Society of Ireland in connection with registration in Ireland under the EU free movement directives.

The case, brought by Ailish Young MPSI, challenged an agreement which recognises the qualifications of pharmacists trained in other countries, but limits their employment with respect to the establishment of new pharmacies. For the purposes of the directive, pharmacies which have been operating for less than three years are regarded as "new".

Irish citizen Ms Young qualified in England, registered with the Irish Pharmaceutical Society, and attempted to operate a pharmacy owned by her family, which had been in existence for less than three years. When her attention was drawn to the fact that this was illegal, she transferred to another, longer-standing pharmacy and, once the original shop had been open for three years, returned to that position.

While the problem was solved with time, Ms Young still cannot operate a new pharmacy, or one that has been in existence for less than three years, irrespective of the extent of her experience.

Dismissing Ms Young's action, Mr Justice Francis Murphy said, in his view, there was no fundamental inconsistency in the Recognition Directive or in the Irish Statutory Instrument

giving effect to it. "In any event it is certainly not open to the Plaintiff in any proceeding in this Court to challenge the validity of the European Directive on those or any other grounds," he ruled.

Although Ms Young's action suggested that the three-year period is irrational in that it operates irrespective of the experience gained by a foreign national within that country's territory, this assumes that the purpose of the regulation is to guarantee an individual's experience. "This is not the case," the judge ruled.

Community care scheme

A research project on domiciliary visiting has sown the seeds of a pilot scheme to get pharmacists more involved in community care.

The project, by Mirfield pharmacist Gill Hawksworth, highlighted the fact that patients' needs on leaving hospital were being assessed by someone with no specialist knowledge of medication, while hospital pharmacists were given no input.

Although hospital pharmacists have now been written into Kirklees Family Health Services Authority's hospital discharge policies, there is still an opportunity to make greater use of community pharmacists.

"The pilot study links with healthcare needs assessment and

Guidance on private scripts 'soon'

Dr Brian Mawhinney, the Health Minister, told the Commons last week that guidance would be issued shortly to all Family Health Services Authorities on private prescriptions. He said that this followed discussions between an official of the Department of Health and Norfolk FHSA.

Dr Mawhinney also said that the Department did not monitor the number of private prescriptions being dispensed as they were "outwith" the NHS.

YPG calls for election reform

The Young Pharmacists Group is to submit a motion to the Royal Pharmaceutical Society's AGM next month asking for the Council's election process to be modernised.

The YPG wants the RPSGB to organise Council election hustings in the future and to develop protocols which allow Council candidates to canvas voters on a limited basis.

A questionnaire, to be filled in by all attendees at this weekend's hustings, asking if their opinion has changed after attending the event, will be used as evidence, says hustings organiser Mark Koziol.

The YPG has now secured the attendance of a further three candidates at this Sunday's hustings: Professor Ian Jones, Dr Hopkin Maddock and Dennis Millington.

Anyone wanting to hear what 13 of the 16 Council candidates have to say should turn up at the St Johns Swallow Hotel in Solihull on April 24 at 2pm.

the care management plan to see if pharmacists can be involved in patient assessment," says Royal Pharmaceutical Society Council member Mrs Hawksworth.

The social services department now realise the importance of community pharmacists, she says.

"However good the care plans are then, if medication is involved, and pharmacists are not, then the patient may have to go back into hospital."

Mrs Hawksworth has now been invited to discuss funding which would come from the "new money" of the social services budgets.

Some 20 pharmacists in the area have volunteered to participate in the pilot.

THE M.P. WHO WASN'T INVITED TO JOIN THE PHARMACISTS' COMMITTEE.



PSNC's all-party interest

The Pharmaceutical Services Negotiating Committee is hoping to set up an all-party committee of MPs with a special interest in community pharmacy.

Chairman David Sharpe told the National Association of Women Pharmacists' Weekend School that this was the result of lobbying over the years.

He explained later to C&D that he was writing to a number of MPs who had been supportive in the past and would be holding a lunch for members of all parties.

The aim was to give this select group more detailed briefings so they could become *au fait* with community pharmacy.

NPA backs Boots ad referral

The National Pharmaceutical Association has welcomed a move to refer a product-specific advertisement placed by Boots to the Chemist to the Advertising Standards Authority.

The Royal Pharmaceutical Society's Council is to ask the ASA to consider whether the advertisement for Pepcid AC is acceptable or misleading. The ASA has also received a complaint about the advertisement from a consumer.

The Council is concerned that the wording on the advertisement might infer that the product is only available from Boots. If the ASA does consider

the Pepcid AC advertisement objectionable, Council may also take similar action over Boots' advertisement for Zovirax.

The NPA's head of public affairs, Colette McCreedy, says: "We welcome the Society's move to take the issue to the ASA and look forward to the reply with considerable interest."

A spokeswoman for Boots said: "This advertisement was placed by Boots to inform our customers of the availability of this new product without prescription. It is normal procedure in any advertisement to inform the reader where the product can be bought."

Protocols timetable concern

The National Pharmaceutical Association has voiced concerns over the "very tight timetable" set by the Royal Pharmaceutical Society's Council to implement protocols governing staff training and the sale of OTC medicines.

The NPA Board says: "It is vital that we use every opportunity to promote the 'added value' of the pharmacy, but this will only be effective if customers and patients experience a difference when they seek medicines and other professional goods and services from a pharmacy."

Commenting on the timetable, the NPA says: "It is probably just about realistic provided that existing training courses are acceptable and that the definitive requirements are published before August this year."

On the question of costs, the NPA says: "We hope it is unnecessary to urge the Council to bear in mind the need to keep

such expense to a minimum."

The NPA also calls for clarification of the position of preregistration graduates and formally-trained technicians in relation to the protocols.

Sharpe's suggestions

The Earl of Kimberley asked the Government in the House of Lords on Tuesday, whether it proposed to implement David Sharpe's six suggestions to cut the drug's budget which he made to the Select Committee on Health.

Baron Cumberlege, the Junior Health Minister, replied that the Government was awaiting the Select Committee's report.

PPA tenders

Thirty-five companies have expressed interest in carrying out services for the Prescription Pricing Authority.

Although the PPA is unable to disclose names at this stage, companies include those involved in data preparation, IT, financial services and pharmaceuticals.

The PPA will be inviting tenders later this year.

RPS moves

John Ferguson, the Royal Pharmaceutical Society's secretary and registrar, will continue as a member of the Standing Pharmaceutical Advisory Committee for four years from April 1.

Richard Hazlehurst has agreed to serve on the Society's panel of fellows. He succeeds John Iles, who has served for nine years.

PSNI COUNCIL

PSNI to recruit audit facilitator

The Pharmaceutical Society of Northern Ireland is looking to recruit an audit facilitator to develop a professional audit system and promote it to community pharmacists.

Pharmacists in the Province have been sent a circular advertising the post which will offer a salary of £20,000-plus, depending on experience and initially be for a one-year term.

Applications should reach the PSNI secretary at 73 University Street, Belfast BT7 1HL by April 9. The post is being funded by the Department of Health.

PSNI president Dr William Woodside has told members that it is Council's opinion that while participation in audit is not mandatory at present for the payment of the professional fee, it could be.

"Council does not regard audit as something to be feared, rather a process which is essential for our future. To ensure the best interests of community

pharmacy are satisfied, Council is taking control of the process of development and promotion of audit," says Dr Woodside.

At the March meeting of the Council of the Pharmaceutical Society of Northern Ireland, the following applications for registration as students were approved:

Hazel Brown, 174 Ballybogey Road, Coleraine, co Londonderry; John Campbell, Annagher Mills, Lower Annagher, Coalisland; Brian Hackett, 101 Main Street, Clogher; David Lightbody, 32 Rugby Avenue, Bangor; Julie Lytle, 27 Warren Crescent, Portstewart; Louise McMurray, 42 Thornhill Park, Lurgan; Sarah Mawhinney, 1 Deerpark Road, Portaferry; Eleanor Watson, Ballygrainey Manse, 431 Gransha Road, Bangor.

An application by Joseph Matthew Lenny to have his name restored to the Register was approved.

Amyl nitrite

Mr Tom Sackville, the Junior Health Minister, has told the Commons that the Government is keeping under close review the position regarding amyl nitrite as part of its strategy to reduce substance misuse.

He stated that: "Drug and alcohol abuse, including the use of sex enhancing drugs, may increase the likelihood of indulgence in risky sexual behaviour which could lead to infection with sexually transmitted diseases."

Mr Sackville said this message, including mention of amyl nitrite inhalants, was included where appropriate in sexual health promotional material prepared for homosexual men.

The RPSGB is considering prosecuting traders who sell amyl nitrite for sexual enhancement.

Pharmacy marketing in focus

Gillian Hawksworth said that community pharmacists would need to market their professional services locally to purchasers, including commissioning authorities and social services. As a professional body, the Society should take advantage of its national network of regions and branches to be proactive in marketing pharmacists' skills as experts in medicines.

She moved that a small group be formed to devise such strategies and to report back to Council in the Autumn.

She said the group should first identify key customers who included pharmacists themselves. It should then develop marketing plans aimed at each specific customer and based on the principle that pharmacists were experts in medicines.

The plans should then be developed via the regions and branches for local targeting — perhaps as a marketing module in the public relations pack that was being prepared for distribution to the branches.

The group would complement the Pharmacy Awareness Week proposed by the public relations unit (see below).

Seconding the motion, Christine Glover said it was generally acknowledged that pharmacy would change, but few pharmacists had a clear idea of where they were going. Council had a duty to do its best for pharmacy and pharmacists, and that required the development of a concerted, co-ordinated and effective strategy for marketing pharmacy.

The public and other health

The Royal Pharmaceutical Society's Council decided this month to hold a Pharmacy Awareness Week this Autumn and to establish a small group to devise strategies for marketing community pharmacy

professions had little idea of what pharmacists did and what pharmacy could do for them. A Pharmacy Awareness Week was not enough on its own.

David Coleman was largely in favour of the concept, but thought that spending time marketing pharmacy to family health services authorities, community health councils and others with no money to spend could be counterproductive.

Pharmacy's marketing had to go in that direction, without forgetting that the core role was dispensing and the sale of medicines.

The idea was a good one, thought David Sharpe if it raised the image of the profession, but it was wrong to suggest there was no public awareness of the services available from pharmacies.

The motion was carried by ten votes to five.

Pharmacy Awareness Week Council approved a proposal that a Pharmacy Awareness Week should be organised this Autumn.

The head of the Society's public relations unit, Beverley

Parkin, had made the proposal. The aim was to improve the public's awareness of the role and value of community pharmacists, focusing on their expertise and accessibility. It was hoped the campaign would be mounted with other community pharmacy organisations.

Secretary and registrar John Ferguson said it was important to distinguish between a public awareness campaign and the marketing of professional services, as agreed in Mrs



Hawksworth's motion. A public relations campaign was intended to provide a favourable climate for the marketing of specific services, be they NHS pharmaceutical services to commissioning agents or services

that would eventually be paid for by individuals.

Guidelines on services The Society is to publish guidelines on community pharmaceutical services to help pharmacists taking on additional services at local level.

Community Pharmacists Group
Council agreed that an

application form for membership of the Community Pharmacists Group should be included with the retention fee form for 1995.

Membership of the new group had reached 789 by last week. No information was available about the initial growth rate of other membership groups. The Agricultural and Veterinary Pharmacists Group had 946 members (nearly 100 per cent of its potential membership), the Hospital Pharmacists Group had 3,008 members (at least 70 per cent of the total number of hospital pharmacists) and the Industrial Pharmacists Group had 1,519 (nearly 100 per cent of its potential).

Research training Council decided that the Society would oppose a Government proposal that PhDs would normally be completed after four years, with the first year devoted to completing a Master of Research (MRes) degree.

Unethical promotion Council agreed that warning promotion letters should be sent to two pharmacists seeking assurances that their company, which markets a monitored dosage system, had discontinued a promotion that had been the subject of complaints of possible misconduct.

Nurse prescribing Council agreed that a letter should be sent to the Department offering the profession's involvement in training programmes for nurses taking part in pilot studies on nurse prescribing.

Waste packaging Council agreed to seek exemption for pharmaceutical packaging from proposed EC legislation on packaging waste.



The new "Ask Your Pharmacist" advertising campaign from the National Pharmaceutical Association includes nationwide advertising for the first time. The radio advertisements are designed to "work in synergy" with the new style Press campaign. Both sets of advertisements have a specifically thematic approach, highlighting Spring, Summer and Winter ailments. During the weeks beginning May 2 and May 9 the 30-second Spring radio advertisement will be broadcast on 48 local radio stations throughout England, Wales, Scotland and Northern Ireland. The Spring Press advert, which emphasises the cures available for hay fever, will appear in *Woman*, *Bella*, *Family Circle*, *Prima* and *TV Quick*.

New JIC rates for Pharmacy

The National Joint Industrial Council for Retail Pharmacy (England and Wales) has agreed new rates of pay and conditions of employment which take effect from April 11, 1994.

The changes to the 1993 agreement are:

- An increase of £2.37 a week raises the minimum provincial shop assistants' wages from £112.78 to £115.15. This represents an increase of 2.1 per cent which will also apply to the rates for junior shop assistants
- Minimum rates for dispensary assistants will also be increased by 2.1 per cent
- Special relief has been lifted to £4,690
- Pharmacist managers and manageresses receive a 2.1 per cent salary increase on the minimum salaries on a revised turnover band uplifted to allow for drug inflation at 4.5 per cent and RPI at 2.4 per cent

- Pharmacists also receive a 2.1 per cent increase
- After five years' continuous service at March 31, the annual holiday entitlement is increased from four weeks and one day to four weeks and two days. After ten years' continuous service at March 31, the annual entitlement also increases by one day to four weeks and three days.
- Rota payments have not yet been agreed.

The new wages and conditions are based on a normal working week of 39 hours.

The Dispensing and Shop Assistants Agreement permits an employer providing an essential pharmaceutical service, and who is suffering special economic, financial or trading difficulties, to apply for authority to pay up to 15 per cent lower rates if the combined NHS and counter turnover is less than £4,690 per week.

Premises fall again

The number of pharmacies fell again in March, the third month in succession. The fall, this month by two, brings the total of registered premises to 12,035. At the beginning of the year it stood at 12,099.

Overall, numbers rose in Scotland by two and in Wales by five, but these increases were cancelled-out by a decrease of five in England and of four in London.

MPs launch skin care initiative

A group of MPs is taking the first steps in a campaign urging the public to look after their skin.

An all-party Parliamentary group is being formed to help MPs and the Government understand issues relating to health and disease of the skin. It will be chaired by Conservative MP David Congdon.

"Our group will ensure that issues and concerns about the skin are raised in Parliament and with the DoH and the NHS," he said.

The new group has been welcomed by the embryonic Skin Care Campaign (SCC) which will be launched formally to the medical profession and the public in July.

Direct connections at the NPA

The Voice Connect telephone system, now in operation at the National Pharmaceutical Association's Mallinson House, is proving very successful.

Valda Elson explained that the NPA switchboard is one of the busiest for its size, handling 1,000-1,300 calls a day. "It was frustrating for members waiting to get through to extensions. The new system allows callers to go directly to the extension and, if the extension is engaged or not answering, the caller can leave a message in a mailbox or return to the switchboard," she says.

Mrs Elson stressed that callers can only use the system if they have a tone phone. However, some pulse phones may be adjusted to tone phones.

The new number which should be followed by the relevant extension number is 0727 858687. The old number 0727 832161 is manned by operators.

Members requiring advice on the new facilities should contact Mrs Elson (ext 211) or Barry Bench (ext 260).



Priming the pharmacists

Lederle obviously have great faith in their new proton pump inhibitor, Zoton. However, the proof of the pudding will be in the eating, but I was particularly pleased to receive a sample pack with which to start the first patient's treatment.

Most new drugs are now marketed at very high prices and it becomes a financial lottery for the community pharmacist when deciding which ones to stock. Estimating demand is normally intuitive, a poor criteria for buying expensive drugs, but whereas lost prescriptions mean lost goodwill, dead stock becomes lost profits.

An excellent example of this dilemma is Famvir which, although more patient-friendly than Zovirax, would still cost me £107.35p to keep on the shelf for that occasional prescription. So far, I have resisted the temptation and, from the reaction of a patient last Saturday afternoon, so have most other pharmacies in my area. The price is so high that I had already decided I was unable to afford the necessary speculative investment to stock a drug which would require approximately 50 similar requests before I could recoup my capital outlay.

If only Smithkline Beecham had provided me with a starter pack similar to that for

Lederle's Zonton, then one disillusioned lady would have received immediate treatment for her attack of shingles and I would have been more inclined to commence stocking the product in readiness for the next request.

Investing in pharmacy — but not at any price

I was impressed with J R Butler's investment of £100,000 in their Mortimer Common Pharmacy (C&D Comment, April 16). I felt very sad that I am not in the enviable position of being similarly able to invest for the future.

Community pharmacy is a profession which, whether we like it or not, practises competitively within a retail environment. That fact is not now recognised by our present uniform fee-earning system. When on-cost was at reasonably high levels and the cost-plus contract haphazardly repaid our costs, I did have some confidence in investing for the future. Unfortunately, I operate in a high-cost area and the actual costs of my pharmacy have never been adequately reimbursed, particularly by comparison with the many less cost-intensive pharmacies that exist in more stable areas of the country. As time passes, that situation is worsening.

But I still consider that my pharmacy is offering just as important a service to the public as my more favoured colleagues. We receive equal fees for equal work but our costs are dramatically different. I might cynically, but with justification, suggest that it is I who am in part paying for their refits when they confidently invest for the future.

A solely fee-based serviced cannot provide an equally satisfactory level unless some element of necessary costs are directly reimbursed. The Government is content, as the dam of attrition will eventually

burst, causing a closure of many pharmacies. But whether these closures will be in areas of pharmaceutical plenty or emptiness, remains to be seen. Meanwhile, the true potential of many dedicated pharmacists is being frustrated by the inequities of a payment system which fails to account for the inevitable variations in costs which exist in different localities.

Sweetmeats not the way to healthy pharmacy

Last week, I briefly mentioned a recent publication produced jointly by the National Pharmaceutical Association and the Health Education Authority entitled "Health Promotion and the Community Pharmacist".

Since then I have re-read its contents and am of the opinion that this must be one of the most important compilations of health education information to have ever come the way of the community pharmacists. Suddenly all that boring advice based on dust-covered leaflets becomes a purpose which, properly promoted, can provide a self-financing programme of initiatives which will educate the public while improving our profitability.

Just this week one of my avid admirers complained that the local barber is more able to earn a good living by only cutting hair than the community pharmacist is by only practising pharmacy. He has a point. We are all frantically searching for something to sell with which to bolster the inadequacy of the income we earn from dispensing.

Well! In this little book is a mine of information just waiting to be tapped and all of it with potential for profit while practising our true profession. Whether the effort is to sell pregnancy tests, anti-smoking aids, dietary supplements, slimming aids or all those new POM to P medicines, this book will provide the necessary information. My advice would be to throw those sweets in the dustbin and concentrate on what we should be doing best!

Topical REFLECTIONS

Medical matters

Steroids in asthma, the debate continues

Prescribers should avoid using inhaled corticosteroids in mildly asthmatic patients and opt for treating with non-steroidal anti-inflammatory drugs, such as nedocromil sodium and sodium cromoglycate, concluded a international workshop on the risks and safety aspects of asthma therapy.

A report of the proceedings in *Clinical and Experimental Allergy* says that use of inhaled corticosteroids should be reserved for severe asthma cases or where the non-steroidal anti-inflammatories do not work sufficiently well alone.

The report's authors are particularly concerned at the trend of treating increasingly younger age groups with inhaled steroids. "We know too little about the effects of these drugs in very young patients with respect to early-life programming and its

potential influence on the later development of degenerative disorders."

The elderly were also marked out to be an area of concern, because of the effects of thinning and bruising on the skin.

The workshop took place with the assistance of a grant from Fisons.

• A GP guide to therapy options in asthma prescribing has been produced by a group of physicians and GPs with an educational grant from Allen & Hanburys. "Asthma: building on the foundation" provides a summary of the key points the GP needs to consider before adding in more treatment and allows GPs to assess the pros and cons of the different options suggested by the British Thoracic Society guidelines. Free copies are available from **PO Box 2846, London W6 0ZG**.

Ostomy module for Oxydata

Community Computers, the pharmacy computer division of Surgichem, have upgraded their Oxydata program by adding an ostomy module.

The ostomy module operates in a similar way to the original oxygen program (Oxydata), providing a separate file which lists each of the pharmacy's ostomy patients. It holds information on products used together with details of the

suppliers and product codes for each item. It also records the date when the products are next due.

The Oxydata program with the new ostomy module costs £225. The program is available to existing Littlefoot users at a special price of £99, and pharmacists purchasing the Nomad 2.00 Littlefoot program will receive a copy of Oxydata free. **Community Computers. Tel: 061-406 8712.**

Script Specials



Norgine have introduced two new products to their range. Loperagen capsules (100, £5.41), containing 2mg loperamide hydrochloride, and Tropergen tablets (100, £5.88), containing 2.5mg diphenoxylate hydrochloride and 0.025mg atropine sulphate, are both indicated for the treatment of acute and chronic diarrhoea. **Norgine Ltd. Tel: 0865 750717**

Ventolin syrup

Allen & Hanburys have decided to discontinue the two-litre Ventolin syrup pack from May 1994. The 150ml pack will continue to be available and the two-litre packs can be used until stocks are exhausted. **Allen & Hanburys Ltd. Tel: 081-990 9888.**

Correction

The price increases listed last week for Sodium Amytal Pulvules should have read: 60mg x 100 increases from £3.14 to £14.44 and 200mg x 100 increases from £6.26 to £28.40. Therefore the maximum increases were fourfold and not ninefold as stated. **Distripfar UK. Tel: 081-993 4441.**

PSNC news

PSNC says it has been agreed that due to supply problems Coal Tar, Salicylic Acid Ointment BP and Dithranol BP are included in part VIII of the Drug Tariff as Category D. Prescriptions will be reimbursed on the basis of the pharmacist's endorsement.

Unendorsed prescriptions will be reimbursed using the pack and price listed in the Drug Tariff.

Amphocil IV

Zeneca have introduced Amphocil intravenous infusion. The AmphotericinB Colloidal Dispersion is available in two strengths: 50mg, £109 and 100mg, £199. **Zeneca Pharma. Tel: 0625 535999.**

Galenamox packs

Galen say, with effect from May 1, Galenamox 250mg x 500 capsules and Galenamox 500mg x 100 capsules will be replaced by the 21-capsule treatment packs currently available in both strengths (250mg, £1.95 and 500mg, £3.59). **Galen Ltd. Tel: 0762 334974.**

Distaclor MR 7 pack

Distaclor MR 500mg tablets will be available in packs of seven with effect from May 3. The basic NHS price will be £5.95. **Lilly Industries Ltd. Tel: 0256 473241.**

FOR THE TEMPORARY RELIEF OF TOOTHACHE

Dentogen

CLOVE OIL LIQUID & GEL

FAST TOOTHACHE PAIN RELIEF

Easy to use Liquid or Gel

Dentogen is an effective and convenient way to ease toothache **FAST**

Attractively boxed and available through your local wholesalers or direct from.

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Maidstone, Kent ME14 1PF
Telephone: 0622 695598
Fax 0622 764046
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SUGAR FREE

A *clear* NEW WINNER from SENSODYNE



- ⚡ New Sensodyne Gel has a different texture with a new freshmint taste that will appeal to your younger customers with sensitive teeth.
- ⚡ New Sensodyne Gel incorporates the efficacy and all-round properties of Sensodyne F, the No.1 selling toothpaste for sensitive teeth.
- ⚡ Sensodyne is unique in generating additional business with each new variant launched, and new Sensodyne Gel will be no exception.
- ⚡ Sensodyne is the No.3 brand in the total toothpaste market with a £ share of over 10%, and it dominates the sensitivity sector with a 70% £ share.*
- ⚡ Sensodyne is supported by a total promotional spend in 1994 of over £6 million.
- ⚡ So stock up today with Sensodyne Gel 45ml and 18.5ml trial size, the new addition to the winning team of Sensodyne F, Mint and Original.



SENSODYNE GEL

A NEW TOOTHPASTE FROM BRITAIN'S NO.1 BRAND FOR SENSITIVE TEETH

Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP Tel: 0707 331001.

The irritation stops here.



When inflamed and irritated skin is caused by irritant or allergic contact dermatitis, you can't recommend a more effective treatment than Hc45.

This leading 1% hydrocortisone is a non-greasy cream that relieves irritation and itching – fast. Reducing redness and swelling, it soothes and calms soreness, and promotes healing.

Produced by the makers of Cream E45, Hc45 is a safe and effective treatment (97% of customers are satisfied with 1% hydrocortisone, while 99% report no side effects').

So when a customer complains of itchy, irritated, inflamed skin, the E45 range should be your first thought. And Hc45, your first recommendation.

REFERENCE: 1. Data on file, Crookes Healthcare Ltd., August 1992. **PRODUCT INFORMATION:** Hc45: Smooth white cream containing hydrocortisone acetate BP 1% w/w. Uses: For the relief of irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. Dosage and administration: Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. Contra-indications, warnings etc: Hc45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. Package quantity: Tube containing 15g RSP: £2.29. Legal category: P. Product licence number: PL 0327/0039. Cream E45: White bland emollient



cream which contains white soft paraffin BP 14.5% w/w, light liquid paraffin Ph Eur 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. Uses: For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. Dosage and administration: Apply to the affected part two or three times daily. Contra-indications, warnings etc: Cream E45 should not be used by patients who are sensitive to any of the ingredients. Package quantities: Tubes containing 50g. Tubs containing 125g and also 500g. RSP: Tube 50g £1.65. Tub 125g £3.35. Tub 500g £7.85. Legal category: GSL. Product licence number: PL 0327/5904. Crookes Healthcare Ltd. Nottingham NG2 3AA.

SAFE AND EFFECTIVE TREATMENT FOR INFLAMED AND IRRITATED SKIN

Counterpoints

Nivea Visage boost moisture levels

Nivea Visage are increasing their presence in the dynamic mass market moisturiser sector with a new gel and two reformulations.

Intensive Moisturising Gel with Thalaspheeres (50ml, £5.75) is new to the Essential Care category. A transparent hydrogel, it contains blue micro-spheres (thalaspheeres) comprising an envelope of marine collagen holding chitin liquid. Other ingredients are hyaluronic acid and xylitol. The combination claims to strengthen, soften and boost moisture levels.

The product is oil- and perfume-free and recommended for normal to oily skins.

Nivea Visage's Perfection Complex has been replaced by Firming Supplement with Natural Alpha Complex.

Containing a 2.1 per cent alpha hydroxy acid (AHA) complex, it will boost the skin's cell renewal process, helping to reduce fine lines and give a smoother, firmer skin. A cream gel formulation, it also contains hyaluronic acid and vitamin E.

Nivea recommend the product is applied at night for a four- to six-week period when skin is out of condition. It is aimed at 30-55-year-old women. Presented in a pump pack, it retails at £10.29.

Moisturising Fluid (75ml, £3.39) has an improved formulation. A light, oil-free lotion, it now contains ingredients to reduce skin shine. It is particularly suitable for younger skins, or women who don't wear foundation, says senior product manager Jo Edwards. It contains UV filters and vitamin E.

Nivea Visage will be supported by a £5.5 million package this year. This will include television advertising from April until October and Press advertising from May.

Further support will include sachet samples, trial sizes and various



point of sale materials.

The Nivea Visage range now comprises 15 products and has a 2 per

cent brand share of the skincare market. **Smith & Nephew. Tel: 021-327 4750.**

Imperial revamp

Imperial Leather anti-perspirant deodorant is being relaunched to take full advantage of the Summer sales uplift.

There will be a £1 million spend based on a new execution of the Paul Merton advertising campaign. Stronger graphic association with the parent brand is expected to help the deodorant benefit from Imperial Leather's £6m annual advertising budget.

The four variants are positioned to appeal to specific consumer groups:

Original has the classic Imperial Leather fragrance; Silk has a subtle feminine fragrance and added moisturisers; Active is a new, fresh unisex variant which "works hardest when you need it most"; while Mild is a new formulation for delicate skins.

Mike Fallon, Cussons' sales director, says: "There is a significant trend in this sector towards clear, functional benefits rather than variants based solely on fragrance." **Cussons Ltd. Tel: 061-792 6111.**



Pond's Classic range gets face lift

As part of a major investment programme planned for the Pond's range in 1994, the original Pond's Classic products have been upgraded.

In a move designed to echo the aspirational image of Pond's Performance, the Classic range has eye-catching cartons and labels with higher-impact graphics.

The Pond's logo has been outlined in silver and flashes of colour are used to identify each variant.

Hydro Nourishing Cream will be dark blue; Dry Skin Cream has a light blue logo; Light Day Cream, yellow; Shine Control Moisturiser, pink; and Cold Cream Cleanser, green.

The on-pack copy has also been revised and simplified and packs will carry full ingredient details. The Pond's

Institute Freephone helpline number will be displayed for consumers wishing to obtain further information about the range.

The Pond's range will be supported in 1994 with a media spend worth £3.2 million. A national television campaign worth £2.3m will comprise both generic and new variant-specific ads.

There will be £1m spent on a campaign in the women's Press, with two million sachets of the new Pond's Performance Age Defying Complex being distributed.

The company also plans a direct marketing and promotional campaign to raise awareness of the Pond's Institute, the products and the new Age Defying Complex (C&D April 2, p550). **Elida Gibbs. Tel: 071-486 1200.**



Tisserand 3 in 1

Tisserand have developed a 3 in 1 shampoo containing a blend of essential oils which are said to "restore vitality".

Added to the protein gel shampoo are conditioning agents and essential oils including geranium (said to balance sebum and improve blood flow); palmarosa (restores moisture balance); myrrh (as an astringent); and

patchouli (to offer relief from scalp disorders).

The product (£3.95 150ml) contains no silicone and was not animal tested, say Aromatherapy Products.

It is suitable for use on all hair types, including chemically-treated hair, and it can be used every day. **Aromatherapy Products. Tel: 0273 325666.**

New look Pil-Food

Pil-Food supplement for hair is being relaunched in new packaging for a more contemporary look.

Blister-packed cartons are in blue, red and yellow. Shelf edgers and leaflets

are available to pharmacists. The supplement will be supported by a PR campaign. **Prism Healthcare. Tel: 0753 831400.**

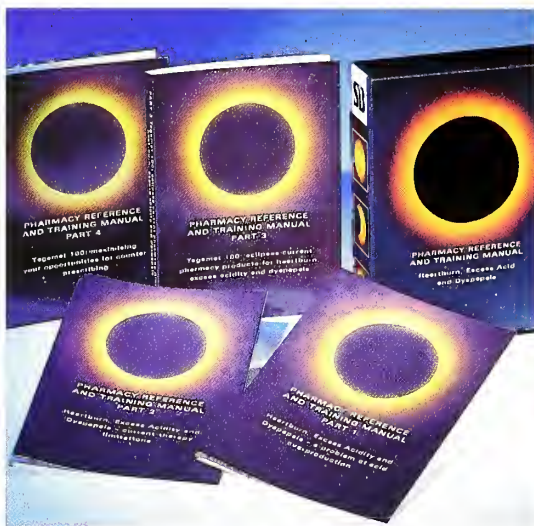
More Tagamet education to come

Phase three and four of the pharmacist education packs for Tagamet 100 are being distributed to pharmacists.

The sections concentrate on management, indications and dosage, and outline benefits of Tagamet 100 to customers. There is a separate section for pharmacy assistants.

Point of sale material and customer advice leaflets are also available from Smithkline Beecham representatives on request.

Parts one and two of the programme should already be with pharmacists. **Smithkline Beecham Consumer Healthcare UK. Tel: 081-560 5151.**



Early Birds campaign tackles threadworm

The Early Bird Threadworm Awareness Campaign is being launched on April 27 to educate parents, dispel myths and encourage early treatment of threadworms.

It is estimated that 40 per cent of all children under 10 will suffer from the parasite.

Pharmacists, doctors, health professionals and

schools will be targeted with educational material, including advice on how to treat threadworms and prevent re-infection.

Although the campaign is sponsored by Janssen, it is not product-specific and seeks to increase general awareness of the problem. **Early Bird Threadworm Awareness Campaign. Tel: 071 622 3434.**

Dramamine offers

A new display outer for Dramamine 12 x 10 packs is now available to pharmacists for the peak holiday season.

Searle are offering an outer of 30 packs for the price of 24.

"Going Places" travel vouchers for £750, £500 and £250 are on offer as well as 200 travel clocks as

prizes in the Dramamine National Pharmacy window display competition. The promotion will run until July 31.

Pos kits, details and terms of the competition can be obtained from **Searle Promotions Department. Tel: 0494 521124 (extn 3293).**

A host of Original offers

Original Additions are building on the success of their Just Nails range with the addition of Just Lips lipsticks.

Aimed at budget buyers, the lipsticks retail at £0.99 each and come in a choice of nine shades. A display unit holding 54 units is available (£30.24).

Special offers are also available on the Elegant Touch brand. Retailers who buy the 12 pre-packed Stickers display unit will pay for only ten items.

Consumers will get

£1.50 off the Salon Perfect Acrylic Kit and a free Rapid Dry with every purchase of the French Manicure Kit.

In addition a "buy one, get one free" offer is available on Stickers Pre-coloured nails.

On the Eylure brand, 24 false eyelash packs are offered for the price of 20.

The Eylure nail treatments have all been reduced in price by £1 for a limited period. **Original Additions. Tel: 081-573 9907.**

RPR support for Oruvail

Rhône-Poulenc Rorer have commenced a £3 million TV advertising and nationwide consumer campaign for Oruvail Gel.

The company says Oruvail gel now holds 24.8 per cent of the NSAID market share (NMRA figures, March 1994), with the total market share for Oruvail gel now 10.6 per cent, an increase of 1.4 per cent since February.

As part of their commitment to the pharmacist and to help pharmacists advise patients on muscular aches and strains, RPR have produced a consumer leaflet "Managing muscle injury" which will be available shortly via the company's sales force.

Rhône-Poulenc Rorer Ltd. Tel: 0323 721422.

Fitness tape from Ferrosan

A Healthcrafts "Time to tone up" audio tape will be available through on-pack offers, reader offers, competitions and samplings.

It was developed by fitness presenter Jayne Beck, features ten exercises and advises how vitamins can help to maintain a balanced diet. **Ferrosan Healthcare. Tel: 0932 336366.**

Fresh feet for Summer

Scholl's new Deo Foot Spray (£2.45) contains citric acid which lowers the skin's pH and helps prevent growth of odour-producing bacteria.

It should be sprayed on bare feet night and morning, and after exercise.

A £1.4 million television

campaign featuring products from the Scholl natural toiletries range breaks at the beginning of May. The campaign runs for about five weeks in the London, Meridian, Central and Anglia TV regions.

Scholl Consumer Products Ltd. Tel: 0582 482929.



Treasures from Nepal and S America

Positive Roots are aiming to enter the pharmacy sector with their Tribuset colognes from South America and handmade paper gift packaging from Nepal.

The company specialises in designer giftware from around the world. In the Tribus range there are five colognes made from natural essential oils which can be used as aftershave or eau de

cologne. None has been tested on animals.

The packaging is mostly handmade from recycled or sustainable harvested materials.

Waste fibre products have been used to create natural-looking, varied textures in the products which include notebooks, gift boxes and bags, wrapping paper and gift tags. **Positive Roots. Tel: 081-741 0269.**



Anodesyn has been relaunched to emphasise its triple action treatment for haemorrhoids and improve shelf stand-out. The brand will be supported this year with a PR campaign targeting pregnant women and the over-45s. **Seton Healthcare. Tel: 061-652 2222**

VIE
FRO

athletics



The No.1 treatment for heartburn is going from strength to strength¹

When your customers have **severe or frequent symptoms of heartburn**, give them new **Extra Strength Gaviscon 500** tablets.

The new **Gaviscon 500** OTC dedicated tablets are **lemon flavoured**, a taste that will attract new customers to the brand according to consumer tests, and generate extra revenue for you.

Remember that Gaviscon relieves the pain of heartburn in 4 out of 5 customers.^{2,3,4}

So if they've got **severe symptoms of heartburn**, give them new **Extra Strength Gaviscon 500** lemon tablets.



GAVISCON

Keeps acid where it works, not where it hurts

Gaviscon Essential Information

Product Information. Active Ingredients: Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph Eur 267mg, calcium carbonate Ph Eur 160mg per 10ml dose. Gaviscon 500 Tablets: Alginic acid BP 500mg, sodium bicarbonate Ph Eur 170mg, dried aluminum hydroxide gel BP 100mg, magnesium trisilicate Ph Eur 25mg per tablet. Gaviscon 250 Tablets: Alginic acid BP 250mg, sodium bicarbonate Ph Eur 85mg, aluminum hydroxide gel BP 50mg, magnesium trisilicate Ph Eur 12.5mg per tablet. **Indications:** Liquid Gaviscon & Gaviscon 500 Tablets: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Liquid Gaviscon: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 500 Tablets: Adults, children over 12: 1 or 2 tablets after meals and at bedtime. Children under 12: not recommended. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets as required. Children

under 12: Not recommended. Chew tablets thoroughly before swallowing. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 500 Tablet contains 2.1 mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail Prices:** Liquid Gaviscon 100ml £1.60, 200ml £2.86, Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0130 Liquid Gaviscon Peppermint Flavour, 44/0141 Gaviscon 500 Tablets, 44/0103 Gaviscon 250 Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **Holder of Product Licences:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **DATE OF PREPARATION:** 25/1/94. **References:** 1 Taylor-Nelson Counterpoint MAT to June 1993. 2 Chevrel B (1980) J. Int. Med. Res. 8: 300. 3 Ward A.E. (1989) Br. J. Clin. Pract. 43: (2) Suppl. 66: 52. 4 Williams D.L. et al. (1979) J. Int. Med. Res. 7: 551.

RECKITT & COLMAN
PRODUCTS

Baby feeding advice from SMA

SMA Nutrition have produced a range of educational items to help pharmacists give advice on infant feeding.

The first issue of their *Focus* newsletter reviews how the pharmacist can support breast-feeding mothers and others starting on infant formulas.

A pocket-sized pharmacy guide to milks suitable for babies and toddlers is being offered through *Focus* and via SMA Nutrition representatives.

SMA Nutrition will also supply a "Chemist Education Package", designed for use with pharmacy staff, consisting of a flip chart presentation, including information on the benefits of breastmilk, the infant milk market and infant feeding generally. SMA Nutrition representatives will be



happy to review this material with pharmacists.

A question and answer leaflet outlines typical questions commonly asked by mothers about feeding and milks. The newsletter, pocket guide and leaflet are available from Healthy Response, Dept PR17, PO Box 21, Godalming, Surrey GU17 2SS.

A toy rabbit, Nibbles, is currently offered for £3.99 in a leaflet under the lids of SMA Wysoy. The leaflet also includes a cow's milk-free chocolate blancmange recipe and a guide, *Watch Out for Hidden Milks*, to help parents avoid cow's milk products. **SMA Nutrition. Tel: 0628 660633.**

Mosi-Guard

Robinson Healthcare wish to point out that Mosi-Guard Natural is available as a 40ml roll-on gel (£3.40) which lasts for seven weeks. The spray bottle and wax stick last for three and ten weeks, respectively. **Robinson Healthcare. Tel: 0246 220022.**

Make his day

Procter & Gamble are promoting their Mandate male fragrance for Father's Day. Discounted prices are offered on the 50ml aftershave and eau de toilette plus 150ml body spray from the beginning of May for eight weeks. **Procter & Gamble. Tel: 0202 524141.**

Lanolin info

Manufacturer of lanolin Westbrook Lanolin have produced a leaflet to explain what it is, its benefits and the type of products it is used in. Copies are available from Westbrook Information,

Quick Print, PO Box 576, London SE25 4HW.

Fybogel support

Fybogel is being advertised in a £1 million campaign this Spring. Reckitt & Colman reps will be visiting pharmacies to offer assistants the chance to enter a competition to win up to £1,000 of M&S vouchers. **Reckitt & Colman. Tel: 0482 26151.**

Femidom for US

The Food and Drug Administration have approved the London production facilities of Chartex, the UK manufacturers of Femidom, clearing the way for a full-scale US launch this year.

Colgate on air

Colgate Great Regular Flavour is being supported by a £4 million television campaign featuring the new 100ml stand-up tube. The campaign will run for three months. **Colgate-Palmolive. Tel: 0483 302222.**

New looks for Radian-B

Radian-B is being relaunched in new packaging this month.

The re-designed packs are aqua green with a red pain spot. New graphics show the outline of a body. Names of products have also been changed. Rub becomes Muscle Rub, Spray becomes Heat Spray

and Spirit Liniment has been renamed Muscle Lotion.

Support for the relaunch includes a range of pharmacy display material — shelf edgers, dummy boxes, showcards and towels. **Roche Consumer Health. Tel: 0707 366000.**

Organic babyfood additions

The Baby Organix range of dry babyfoods has been extended with the addition of two new flavours.

Oat Cereal with Apples & Strawberries (150g) and Baby Rice with Apples (100g) are made from organic ingredients, are gluten-free and have no added sugars, flavours or skimmed milk powder. Both can be used from four months and will retail at £1.59. **Baby Organix. Tel: 0800 393511.**

High-cal lashes

Max Factor's best-selling 2000 Calorie Mascara has been relaunch with an even better formulation.

Said to double the thickness of lashes, the new formulation contains panthenol to condition and micromilled pigments to deliver more intense colour. It is fragrance-free, hypo-allergenic and contains no fibres, so is suitable for contact lens wearers.

Packaging remains unchanged, but the words "new improved" have been added. Retailing at £2.99, it comes in three shades. **Procter & Gamble. Tel: 0202 524141.**

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast	W Westcountry

Arm & Hammer toothpaste:	CAR, BskyB, C4, GMTV
Andrews Antacid:	All areas except U, B, G, CTV, CAR
Bodyform Invisible:	All areas
Colgate Precision:	All areas
Colgate Great Regular flavour:	All areas
Gliss Corimist:	C4, GMTV
L'Oreal Perfection:	All areas
Neutrogena T-Gel:	All areas
Nivea Visage:	All areas except C4
Nurofen:	All areas
Nytol:	All areas
Pepcid AC:	All areas except CAR, GMTV
Proflax:	C, M, C4, A, HTV
Radox Showerfresh:	All areas except HTV, CTV, W, CAR
Rennie:	All areas except CAR
Soft & Gentle:	All areas
St Ives Hair Repair Shampoo:	CAR, M, W, HTV
Vaseline Intensive Care:	All areas

Max Factor skin care for make-up wearers

Max Factor have developed a skin care range designed to work with make-up, comprising eight moisturisers, three cleansers and a toner. Moisturisers include: Clear Daily Hydration oil-free gel for dry skin or oily/combo (€5.49); Daily Moisture Cream (€4.79); Daily Moisture Lotion (€3.99); Revitalising Night Cream (€5.29); Protective Moisture Cream SPF15 (€6.49); Active Response Cream with AHA

complex (€8.99); and Perfecting Eye Gel (€6.99).

Cleansers available are: Gentle Moisture Cleanser (€2.99); Deep Foaming Cleanser (€3.19), and Gentle Eye Make-up Remover (€2.99). Also in the range is Refreshing Beauty Toner (€2.99).

The launch will be supported by television and Press advertising, sampling and trial sizes. POS material is available. **Procter & Gamble. Tel: 0202 524141.**



Cottontails tips are new cotton buds from Robinson. Ideal for use on babies or for cosmetic purposes, they are made from 100 per cent cotton. Presented in a rigid drum of 20 tips, they retail at £0.74. **Robinson Healthcare. Tel: 0246 220022**

Ocular hay fever distress... **NOW**



**RED
ITCHY
WATERY
STREAMING**

Unlike sodium cromoglycate eye drops which may have to be used before the onset of symptoms for best effect'...

For the fast relief of distressing ocular hay fever symptoms... **NOW**

NOW

OTRIVINE-ANTISTIN
EYE DROPS FOR HAY FEVER

Works fast in **RED**, itchy, streaming eyes...and lasts



THE LIBERATOR

PEPCID AC (Abridged Product Information) Product Information - PEPCID AC: Film coated tablets containing famotidine 10mg. **Pack Size:** 2, 6, 12. **Dosage:** Adults and children over 16 years: 1 tablet for symptomatic relief or 1 tablet taken one hour before food or drink known to provoke symptoms. Maximum intake 2 tablets in 24 hours. Maximum period of use: 2 weeks. **Uses:** For the short term symptomatic relief of heartburn, dyspepsia and hyperacidity. **Contraindications:** Hypersensitivity to any component. **Warnings and Precautions for Use:** Should not be taken unless advised by the following patient groups: moderate renal failure or severe hepatic impairment; under supervision for any other illness or need for any other medications; middle aged or over with recently changed dyspeptic symptoms, or associated unintended weight loss. Patients with symptoms or difficulty swallowing should seek medical advice. **Drug Interactions:** No drug

R GOES O.T.C.



FREEDOM FROM EXCESS ACID

Now, for the first time you can recommend famotidine. One small tablet can control your customers' excess acid for up to 9 hours.¹ To liberate them from the pain and discomfort of heartburn, dyspepsia and excess acid.

The OTC H₂ antagonist with no drug interactions of clinical significance

You can recommend **Pepcid AC** with confidence in the knowledge that it has an excellent safety profile. Famotidine does not produce any interactions of clinical significance with other drugs.

Pepcid AC is effective in keeping pain at bay at any time of the day or night, and can even be taken by sufferers in advance of the particular food or drink which normally provokes their "acid problem".

A massive £5 million Pepcid® AC launch campaign

Soon everybody will be talking about **Pepcid AC**, thanks to massive national TV and press advertising. This will be co-ordinated with innovative professional programmes - to encourage product awareness in pharmacies and pharmacy referral from GP's.

Dedicated pharmacy-only support

You'll receive all the back-up you need, including full clinical back up support, powerful in-store displays and promotions plus extensive consumer information. In fact, everything you could ask for to ensure **Pepcid AC** has a truly liberating effect on your sales.


CENTRA
HEALTHCARE
A JOHNSON & JOHNSON - MSD
CONSUMER PHARMACEUTICAL COMPANY

UP TO 9 HOURS GASTRIC ACID CONTROL FROM ONE SMALL EASY TO SWALLOW TABLET

significance have been identified. **Side Effects:** Generally well tolerated. Headache and have been reported at a frequency $\geq 1\%$. Other side effects, including dry mouth, nausea, on, diarrhoea, fatigue and allergic reactions occur even less frequently. **Pregnancy:** Not pided for use in pregnancy. **Overdosage:** No experience to date with overdosage. Doses up day for over 1 year were well tolerated in patients with severe hypersecretory conditions.

Product Licence Number: PL 0025/0312. **Product Licence Holder:** Merck Sharp & Dohme Limited, Hertford Road, Hoddesdon, Hertfordshire, EN11 9BU. **RSP:** 2 tablets £0.75, 6 tablets £1.99, 12 tablets £3.59. P Pharmacy only distribution. **Distributed by:** CENTRA HEALTHCARE, Enterprise House, Loudwater, Bucks, HP10 9UF. **References:** 1. Data on File. ® Indicates registered trademark of Merck & Co., Inc., Whitehouse Station, N.J., U.S.A. © Centra Healthcare 1994. All rights reserved.

£6.5 million

A PROMOTIONAL SPEND TO ECLIPSE ALL OTHERS

Now, the world's first H_2 -receptor antagonist, is also available for pharmacy sale as Tagamet 100 and can be ordered now from all major chemist wholesalers.

Tagamet 100 is available in packs of 12 and 24 tablets and is indicated for the short-term symptomatic relief of heartburn, dyspepsia and hyperacidity, as well as for the prophylactic management of nocturnal heartburn.

If you haven't already seen your local SmithKline Beecham Consumer Healthcare representative he/she will be calling soon with details of the eye catching and informative point of sale material which includes window displays and patient advice leaflets.

Backed by a promotional spend of over £6.5 million, including a dramatic T.V. and press campaign, Tagamet 100 will have a major impact on you and your customers.

Stock up now to make sure you gain the maximum benefit from one of the most important POM to P Switches the healthcare profession has ever seen.



Tagamet
100
cimetidine

Product Information

Presentation White elliptical film coated Tiltab tablet containing 100 mg cimetidine. **Dosage and administration** *Adults (incl. elderly), children 16 years and over:* Relief of heartburn, dyspepsia, hyperacidity: Two tablets with water when symptoms appear. If symptoms persist for more than 1 hour after the first dose, a second dose may be taken, but no more than 4 tablets in any 4 hours.

Contraindications Hypersensitivity to cimetidine or any of the excipients. **Precautions** Not recommended in patients with impaired renal function, hepatic impairment; taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing dyspeptic symptoms, any patients with unintended weight loss, dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with a history of peptic ulcer and on NSAIDs, esp. elderly; with compromised bone marrow; in pregnancy and lactation; with any other illness, using any medication, under medical supervision for other reasons. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heart block, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of reversible impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence number** 0002/0230. **Retail Price** Tablet (12's) £2.29, (24's) £3.99. **Legal category** P. **Date of preparation** 9 March 1994. 'Tagamet' and 'Tiltab' are trademarks. SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex TW8 9BD. Telephone number: 081-560 5151.

SB SmithKline Beecham Consumer Healthcare

* Tagamet is a registered trademark of Smith Kline & French Laboratories Limited

Helfex puts emphasis on standards

Some 140 healthfood companies out of the 300 or so in the market took their places at Helfex 94 at Wembley on April 10-11. Industry leaders stressed the sector's move to giving considered advice through trained counter staff, operating within the law and codes of practice and to making only product claims that were permitted



Top right: Mike Smith, Zyma national accounts manager (left) and Kevin Hodges, Zyma sales operations manager (centre) flank the new consumer advertisement for Efamol with Martin Last, Efamol marketing manager. Top left: the "Take care of your heart" balloons go up for Seven Seas trade marketing manager Sean O'Neill (seen here on the right) and national account manager Mike Drinkwater

Health drink

The Natural Fruit and Beverage Company have launched ACE beta carotene fruit drink, retailing between £0.89 and £0.99 for 250ml. The Natural Fruit and Beverage Company. Tel: 041-551 8778.

Copella additions

Copella Fruit Juices have introduced Cawston Vale and "Freshhh" juices, and a non-alcoholic malt beverage range called Texas Light. Copella Fruit Juices Ltd. Tel: 0787 210496.

Lifeplan supplements

New products from Lifeplan are Bodigarde (30 tablets, £5.99) and Folatine (100 tablets, £1.79). Solus and Actilife have been reformulated. Recent acquisition of Morton's Herbals will expand Lifeplan's product range. Lifeplan Products Ltd. Tel: 045 55 56281.

Carriba bar

Holly Mill have introduced a new 40g Dairy Free Fruit and Nut Carriba bar at £0.45. The Health and Diet Food Company. Tel: 0204 707420.

Planet Sweet

Allergy Care have launched a carob bar called The Planet Sweet retailing at £0.57. Natural Path. Tel: 0823 325022.

New Cantamega

Cantassium have introduced eight products in their new Cantamega One-A-Day Multivitamins range (30 tablets, £3.95). No Salt Ruthmol has also been relaunched. Larkhall Natural Health. Tel: 081-874 1130.



Top left: Kell Sainsbury, director of training at the Health Food Training School, shows off the new in-store display logo that encourages the public to ask for information from qualified staff. He is flanked by Maurice Hansen (left) and Ian Martin, chairman of the National Association of Health Food Retailers. All three spoke at the Helfex Press conference. Centre: the Wassen stand takes centre stage at Helfex. Right: June Crisp, marketing director of Gerrard House, with their new, free-standing PoS unit that will be available at the end of June. Pictured with her is Ray Thomas, managing director of Scholl UK



Healthfood retailers are the most welfare-conscious trade in the entire country, according to Ian Martin, chairman of the National Association of Health Food Retailers.

Nowadays, good, accurate information was printed on healthfood labels with any claims made supported by a product licence. Shop staff could not make claims "just like that". The industry operated under legal constraints that were for the protection of the public.

Kell Sainsbury, director of training at the Health Food Training School, launched a new logo that can be displayed in outlets where staff have been given approved training (see picture). Mr Sainsbury said training could transform the healthfood story from simply being about good, nutritional products, to one of giving accurate information on those same good, nutritional products.

Another speaker at the Helfex press conference said that low-cost healthfoods linked to a "very few changes in lifestyle" could bring about vast improvements in the health of the nation.

Renaissance or redundancy?

"A pharmacist in the new NHS — renaissance or redundancy?" was the subject of a "head to head" with the profession's leaders at the National Association of Women Pharmacists' weekend school in Brighouse. Speakers thought that pharmacists had a rosy future if they grasped the opportunities offered

If every customer buying a P medicine was asked: "Would you like to speak to the pharmacist?" eventually the public would realise there was something special about P medicines.

Urging all community pharmacists to "start doing this to morrow", David Sharpe, the Pharmaceutical Services Negotiating Committee chairman, warned that pharmacists were in danger of losing their monopoly on P medicines because they were not showing this control was "value added".

He estimated that if 10,000 pharmacies sold 50 P medicines a day, the question "Would you like to speak to the pharmacist?" would be asked 150 million times a year.

Even if the reply was "No" or "Why?" it would bring to the attention of everyone in the so-called corridors of power that there was "value added" in having a P medicines' category. And the Consumers' Association would no longer be able to come out with surveys that pharmacists disliked, he said.

Mr Sharpe went on to explain that the Treasury thought pharmacists were paid more than they deserved — a perception PSNC vigorously opposed — but the Treasury was controlling the nation's purse strings as never before. The fact that pharmacy numbers were steadily increasing reinforced the Treasury's view.

Mr Sharpe urged the profession to carry out more practice research to prove that pharmacists could improve health outcomes and save the NHS money, for example by

intervening in the bad prescribing which could result in patients being admitted to hospital.

"Armed with that research, PSNC could go to the Department of Health and say: 'Your perception is wrong; we can now show what pharmacists do to save the NHS money.' That's all the Government in power is interested in — saving money," he said.

Pharmacists should then get remuneration increases in excess of the norm because they had proved they deserved them.

Finally he asked his audience to lobby their MPs — to tell them what pharmacists could do.

Modern role

Nicholas Wood, the Society's president, said the remuneration changes had pushed pharmacists more towards the modern role of "pharmaceutical care" and away from the outmoded roles that some pharmacists tended to cling to.

Pharmacists who were unwilling or unable to adapt were perhaps sowing the seeds of their own redundancy, he said. The new remuneration targeted those who offered special services and did not reward other forms of retailing which had little to do with healthcare.

"We have to look at the tasks we do. We must decide which are redundant and which are new and should be grasped as an opportunity," he said.

It was a hard fact that economies of scale would result in the redundancy of smaller pharmacies, but there were

opportunities in providing pharmaceutical care where it was needed.

The Society's working group on access to pharmacies, which Mr Wood had chaired, had proposed open, closed and intermediate areas for pharmacy openings. While rationalisation could be painful, Mr Wood thought the proposals would improve public access to pharmacies and offer opportunities to pharmacists where they would be welcomed.

There had been claims that Council was restricting pharmacies from opening, but this was nonsense, Mr Wood continued. Pharmacy openings were already controlled by Family Health Services Authorities and the unacceptable number of decisions that were overturned on appeal suggested that many FHSAs were "getting it wrong."

The new proposals aimed to reduce the present bureaucracy and encourage pharmacies to open in new areas by releasing them from any control.

Jon Merrills, deputy chief pharmaceutical officer, Department of Health, said the profession could only move on by accepting the political realities of the day which were competition, value for money, the challenging of professional monopolies and the revolution which had made the consumer all-important.

It seemed right that governments should want to make sure that money spent on pharmacists was well spent, he said: "The NHS is there to help people with health problems, not to provide jobs."



Gillian Hawsworth urged pharmacists to take part in professional marketing; see p662

The long-term commitment to local tailoring of healthcare was a chance for pharmacists to do a rethink. Pharmacists should be seen not just as dispensers and product suppliers but as managers of medication and advice providers.

The Department of Health thought the concept of pharmaceutical care was important and he was pleased the Society was developing this approach.

"The renaissance for pharmacists will come from using their professional skills to enable patients to get better outcomes from NHS treatment," he said.

He agreed with the need to show MPs and decision-makers the "added value" of pharmacists. "It's your job to tell the public what pharmacists can do for their health."

Marketing yourself

Earlier, community pharmacist and Council member Gillian Hawsworth explained what could be done by "professional marketing".

For the past 18 months she had been marketing the pharmacist's potential skills in community care to her local social service departments in Kirklees.

It had been hard work, but she had managed to convince the care managers that pharmacist could provide important service such as collection and delivery, domiciliary visits, compliance aids and training the carers.

Mrs Hawsworth had carried out research showing the value of pharmacists visiting patients in their homes, particularly in preventing medicines' wastage. In 50 visits she had collected an average of £15 of unwanted medicines per visit.

"Pharmaceutical care should be built into the community care services and it can only be done by pharmacists marketing themselves locally to the commissioning agencies," she said.



The panel at the head-to-head session: left to right are Nick Wood, president Royal Pharmaceutical Society; Pat Hoare, NAWP president; and David Sharpe, chairman PSNC. Present, but absent from the photograph is Jon Merrills, deputy chief pharmaceutical officer Department of Health

A pet for health

The sixth National Pet Week, from April 30 to May 8, again gives pharmacists the chance to show that they are a source of advice on pet health



National Pet Week

Interest in National Pet Week continues to grow and last year thousands of people took part. This year, the organisers expect the event to be "the biggest and best ever".

The theme for 1994 is "Healthy pets, healthy people". The aim is to promote responsible pet ownership and to increase public awareness of the services of professionals involved with pet animals.

At least 300 pet-related events will be held around the country, including sponsored walks, pet shows and veterinary open days.

Activities are being organised by local co-ordinators, whose names can be obtained from Mrs Floss Slade, PO Box 101, Northwood, Middlesex HA6 3RH (tel: 0923 836333; fax: 0923 835265) or the National Pet Week Information Line on 0891 777171 (36p per minute off-peak; 48p per minute peak time).

• The Royal Pharmaceutical Society's updated leaflets for pet and horse owners are available free to pharmacies.

• The National Pharmaceutical Association has background information leaflets for pharmacists on cat and dog wormers, and the Press office can supply leaflets suitable for customers on toxocara.

Vetchem offers

The Vetchem group of animal health wholesalers has some special offers in the run-up to National Pet Week.

Pet wipes are a developing area, say Vetchem, and several new manufacturers are entering the market. The most

popular — Petlove wipes for ears, eyes, cage and general use — are on offer of one free with every two outers of six (that is, 12 charged as 11).

There is a bonus of four cans of Nuvan Staykill with every order of 40 Nuvan Top and 24 Nuvan Staykill (a saving of £16.80). Vetchem says that in most small pharmacies this will probably provide sufficient

stock for the whole season.

Catovel collars are on bonus of one free per outer of 12.

Pharmacists can save £6 on normal trade terms if they buy a dozen of each of the four best-selling Ruby pet products, which include dog wormers, from Brian G. Spencer Ltd.

For the horse-orientated pharmacy is the offer of one free with six outers of 15 Strongid P powders/granules.

Carriage paid orders are £180 at cost. Carriage on smaller orders is normally £5.50 or at cost if less. **Brian G. Spencer.** Tel: 0543 411882.

Extending role to animals

"The contribution that pharmacists can make in promoting health is crucial," so says the Department of Health.

The fact that companion animals can affect human health adversely as well as beneficially, gives pharmacists an important opportunity for making this contribution in the area of pet care.

Such involvement could be considered an extension of the traditional counselling role associated with activities in a pharmacy. The advantages of offering advice on simple hygiene procedures such as washing after handling animals and warning against zoonotic health risks from roundworms in faeces or tick-borne diseases are very real.

Pet-associated diseases are also contracted through bites, scratches, saliva and, in the case of the bird disease psittacosis, by inhalation. It is important that prompt first aid is administered and appropriate immunisation considered where the skin has been broken.

Allergic conditions associated with cat or dog fur are widespread, and may prove troublesome to treat because of the continuing presence of the stimulus. It is not unknown for customers to use antihistamine preparations, only to allow the animal to sleep on their bed!

If nutrition, care and prophylaxis appropriate to the animal and personal physical hygiene are all observed, health hazards for pet owners should be minimal, and the many advantages of having pets can be enjoyed.

They can act as "assistants" for the blind or deaf, have positive behavioural influences, help in the management of disease — or just give companionship.

The advice offered by the community pharmacist can be timely both for the wellbeing of the pet owner and the pet, whether it concerns simple procedures in the home or involves referral to a veterinarian.

We are readily accessible to customers, can be seen without

appointments during most of the working day and do not charge for our advice. Most importantly, we see those categories of patient at risk more often than any other health professional: the pregnant, the very young and the old.

The estimated population of dogs and cats in the UK is more than seven million each with approximately 51 per cent of households owning a pet.

Petcare offers a great opportunity to expand our community role. Why not start by asking the National Pharmaceutical Association for a free copy of the Ag & Vet handbook, and obtain some of the leaflets on worming available from the Royal Pharmaceutical Society?

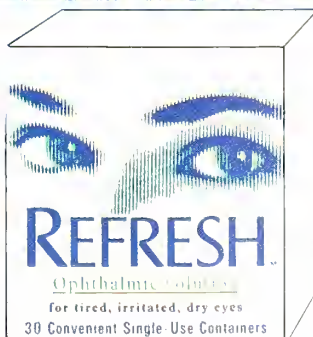
Steven Kayne
• For more information on the contribution pets can make to the quality of life in humans, contact Mrs Anne Docherty, Director, Society for Companion Animal Studies, 1a Hilton Road, Milngavie, Glasgow G62 7DN.

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Essential information.

Presentation Aqueous Nasal Spray containing 50 micrograms beclomethasone dipropionate per spray.

Uses Treatment of seasonal rhinitis (hayfever).

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not cause drowsiness. There are no known interactions with other medicines.

Contra-indications Hypersensitivity.

Precautions If hayfever symptoms have not improved after 10 days, consult the doctor.

Pregnancy and glaucoma Consult doctor before use.

Side effects Dryness and irritation of the nose and throat, unpleasant smell and taste, and epistaxis have been reported rarely. Rare cases of raised intra-ocular pressure or glaucoma

have been reported.

Retail selling price Pack with 100 sprays – £4.99.

Legal category P.

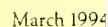
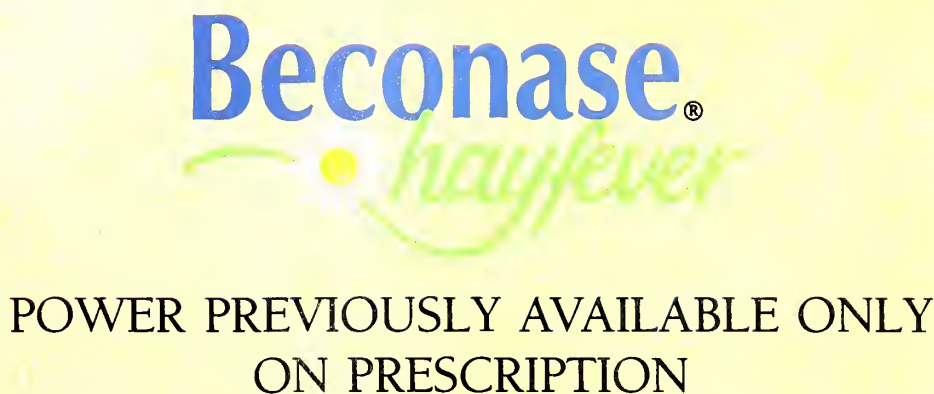
Date of preparation 14 December 1993.

Further information is available on request from: Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT.

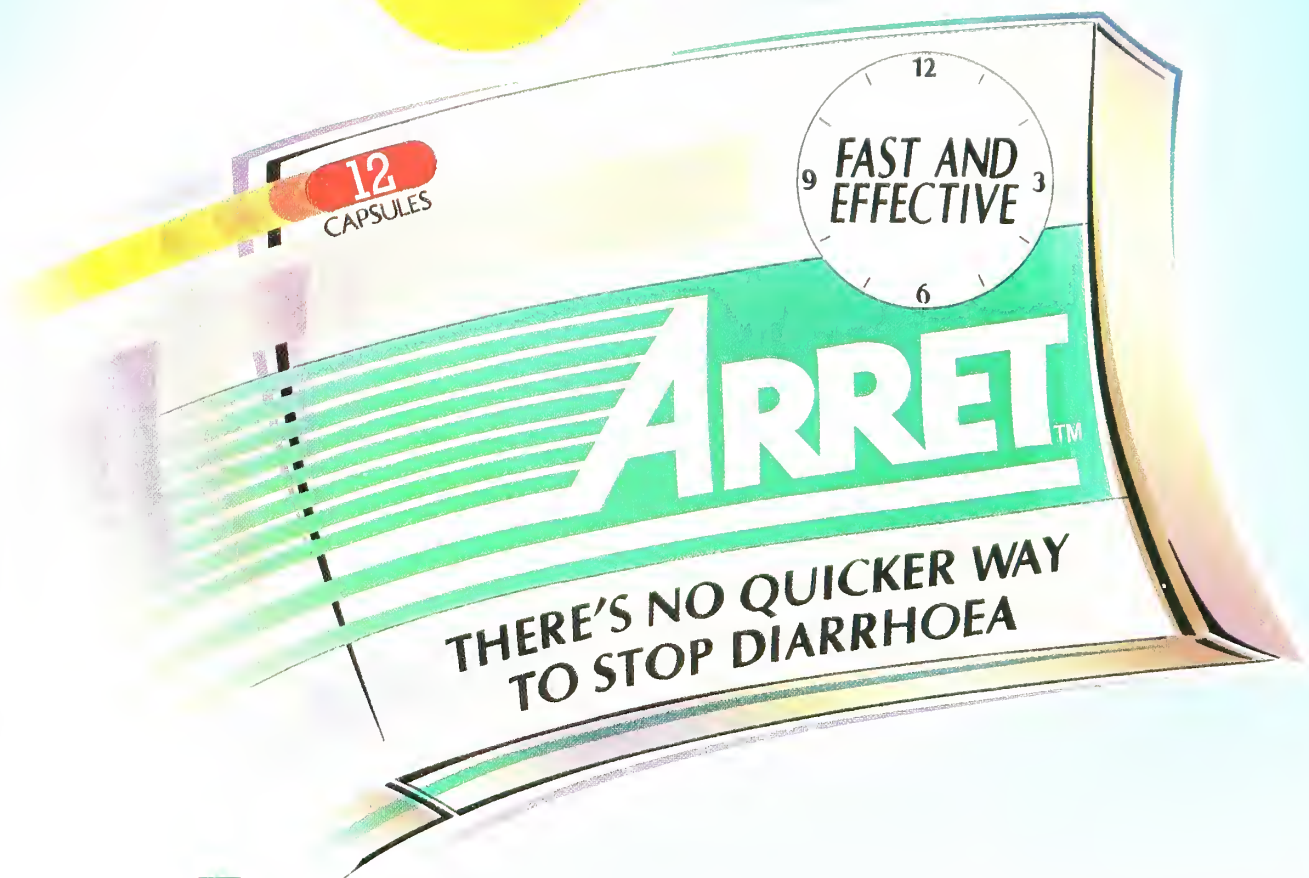
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Arret Abridged Product Information: **Presentation:** Capsules containing loperamide hydrochloride 2mg. **Indications:** Treatment of acute diarrhoea. **Dosage and administration:** Adults and children over 12: Two capsules initially, then one capsule after every loose stool. Maximum dose: Eight capsules in 24 hours. **Contraindications:** Conditions in which inhibition of peristalsis is to be avoided, abdominal distention, colitis or as sole treatment in acute dysentery. **Precautions:** Arret is for the symptomatic relief of diarrhoea only and is not a substitute for rehydration therapy. If symptoms persist for more than 24 hours, a doctor should be consulted. Loperamide should only be used during pregnancy or lactation on the advice of a doctor. **Side-effects:** Abdominal cramps, nausea, vomiting, drowsiness, dizziness, dry mouth and skin reactions. **Price:** 6 capsules: £2.55, 12 capsules: £4.40, 18 capsules: £5.60. **Legal category:** P. **PL:** 0242/0097. **PL holder:** Janssen Pharmaceutical Ltd, Grove, Wantage, Oxon, OX12 0DQ. © JPH February 1994.


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ARRET – THERE'S NO QUICKER WAY TO STOP DIARRHOEA

SPF takes a bow

After 75 years of looking after the interests of independent pharmacists, the Scottish Pharmaceutical Federation can boast that it enjoys the support of virtually all those entitled to join. But this was not always the case since the organisation almost came to grief before it got off the ground



The SPF council for 1993-95 (back row left to right): Robert Marr (Dundee), David Forbes (Banchory), John Hughes (Dalgely Bay), Brian Eggleston (Cowdenbeath), Patrick Gilbride and Iain Smyth (Glasgow), Gilmour Milligan (Sanquhar). Front row: vice-chairman Alan Cruickshank (Turriff), Elizabeth Roddick (Glasgow), chairman Eddie Brown (Glasgow), Liz McConechy (Glasgow) and Ewen Jenkin (Monifeith). George Allen (Edinburgh) and Tom Beattie (Penicuik) are absent from the picture

They don't boast about it north of the Border, but the Scottish Pharmaceutical Federation is older than its counterpart down in St Albans. "We helped set it up," says chairman Eddie Brown. He can get away with this kind of tongue-in-cheek comment since he is also National Pharmaceutical Association chairman for the current year.

There are also two women on the SPF's 15-strong board: the NPA has still to attract its first female board member. The presence of the women "reflects the growing number of women pharmacists becoming more involved in pharmaceutical matters", says Mr Brown.

The SPF was set up in 1919 and existed as an autonomous organisation until 1965 when there was formal affiliation with the National Pharmaceutical Union (as the NPA was then called). However, membership in Scotland to the UK body is still through the SPF which retains its own separate

rules and constitution.

There are more subtle differences. The SPF enjoys close relationships with General Council and the Scottish Executive, feels Mr Brown. The Federation has no nominees on the Pharmaceutical General Council, although some pharmacists sit on both the SPGC and the Society's Scottish Executive.

"This all means we have a tremendous communication network within the three groups," says Mr Brown. It also means that if there is a bad result on the remuneration front the SPF does not get embroiled in the way the NPA has been recently.

SPF membership is in the high 900s — 95 per cent of eligible community pharmacies (excluding Boots) are signed up. The SPF makes up 10 per cent of the NPA's total membership. A scaled fee has just been introduced for the larger groups in membership.

Board elections are held every three years at the same time as the NPA's. Interest in the organisation remains relatively high: one member was co-opted last time around, but in most areas there was a contest. Traditionally the SPF chairman and vice-chairman join the main NPA board.

Independent stance

The SPF defends its independence on the grounds that Scottish contractors exist within a different legal system. The NHS contract differs from that in England and Wales as does the Drug Tariff.

The SPF still has its own clearing house — more profitable than the NPA's, notes Mr Brown — and maintains its own office in Glasgow. Scottish members pay their fee to this office: £25 is deducted to cover running costs and the rest passed on to the NPA.

To suggest that the Scottish office could be closed in the interests of economy brings a swift riposte. "It is not on my agenda, nor is there any pressure yet to do it," says Mr Brown firmly. "It is a very economical set-up."

"The office" can be found within the offices of chartered accountants Downie Wilson in Buchanan Street. The senior partner, Robert Stewart, acts as SPF secretary. Sheila Elliot, who became the part-time assistant secretary in 1960 and who (according to the SPF's anniversary brochure) retired in 1990, still as often as not answers the phone.

Yes, she did retire, but was lured back to cover for her successor's maternity leave and is still there. Sheila says she is well past her sell-by date and will only "remain on-shelf" until the 75th anniversary event, which she has been organising at Dunblane, is over. Janette Harvey has effectively taken over from her.

From uncertain beginnings...

Dissent among founders and opposition from the Pharmaceutical Society nearly scuppered the Scottish Pharmaceutical Federation before it even saw the light of day.

From the beginning of the century, pharmacists in Scotland had felt a need for an organisation to look after their business — as opposed to professional — interests. The rapid changes in trade and professional life precipitated by the First World War brought matters to a head.

Chemist & Druggist, in November 1918, reported an open meeting of the Glasgow & West of Scotland Chemists Association where federation with similar organisations was discussed. A draft scheme, prepared with the Edinburgh District Chemists Trade Association, was debated and a meeting of Scottish pharmacists, assistants and apprentices called for April 30, 1919.

Among the objectives were: To fix and regulate profits on, and conditions of sale of goods, and to secure mutual support and co-operation in trading; to regularise apprenticeship, to secure adequate wages and terms of service for assistants and apprentices and to generally render the profession

attractive to the best class of men and women.

But only days before the meeting, the Glasgow delegation announced that "for the time being the setting up of a Pharmaceutical Federation would be inexpedient". Edinburgh pharmacists were somewhat put out! Glasgow had "at the last moment failed them".

Glasgow's reasoning was that government wanted to see trade boards set up for all distributive trades to deal with trades unions. The Pharmaceutical Society preferred instead to see pharmacists under an industrial council.

To try to run a Scottish Pharmaceutical Federation — which would effectively be a trade union — alongside a drug trade industrial council would not be a good idea, argued Glasgow pharmacists.

A revised motion, with all reference to assistants and representatives removed, saved the day and the SPF met for the first time on May 8, 1919.

The new group instantly found itself at loggerheads with the Pharmaceutical Society's secretary in Scotland. At this time membership of the Society was not obligatory in order to be able to practise.

Sir William Glyn-Jones

argued that pharmacists' functions were so inextricably intermingled that they were unable to separate professional and trading sides.

The conflict rumbled on into 1920 until the arrival of Arthur Jenkin, whose historic court case settled the argument. Mr Jenkin, a Londoner, stood down from Council to be free to become the plaintiff in the test case of *Jenkin v The Pharmaceutical Society*.

The court decreed it was not within the objects, powers or purposes of the Society to regulate the hours of business, wages and conditions of employment, prices of goods for sale. Nor was it within the Society's remit to insure and effect insurances or spend any part of its funds on promoting or establishing an industrial council for the drug trade.

The SPF at last knew where it stood, and set about recruiting. Numbers were slow to rise though, and still only stood at 330 in 1925. Ten years later they were up to over 700.

As a result of the Jenkin case, the Retail Pharmacists Union (later the National Pharmaceutical Association) was set up in England in 1921, aided by the SPF on the understanding the RPU would not recruit north of the border. The SPF affiliated with NPA in 1965.

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SKIN SCIENCE UPDATE

Vaseline Intensive Care set to grow body care sector

The Vaseline Intensive Care portfolio of hand and body care products last year accounted for 21.3% of the £91m hand and body care market (AGB), extending its number one brand status in this fast growing market.

Current trends accounting for the growth in the body care sector include the increasing number of financially independent women, the ageing population who are seeking therapeutic products for dry skin and the increased demand for more specialist products.



To capitalise on the sustained value growth in the UK body care market, Vaseline Intensive Care identified an opportunity to introduce a premium priced new product with specialist benefits which offers a potential to increase the sector with new users - **New Vaseline Intensive Care Overnight Moisture Treatment body cream.**

Developed by scientists at Vaseline Research, Overnight Moisture Treatment body cream contains a concentrated moisturising complex, specially formulated to work overnight whilst the body is at rest.

This issue of Skin Science Update gives you background on the development and launch of Vaseline Intensive Care's new star product, Overnight Moisture Treatment, plus a round-up of marketing news and body care trends from Vaseline Intensive Care.

SUPPORT

The launch of Overnight Moisture Treatment promises to be the largest body care sector launch in 1994:

- £2.6m (Register MEAL) on television and in press
- National promotions
- Public Relations programme

Market news

• **Growth** - the body care sector, worth an estimated £57m at RSP (AGB), continues to show high growth in both volume and value terms; currently it represents the fastest growing category in the total skin care market.

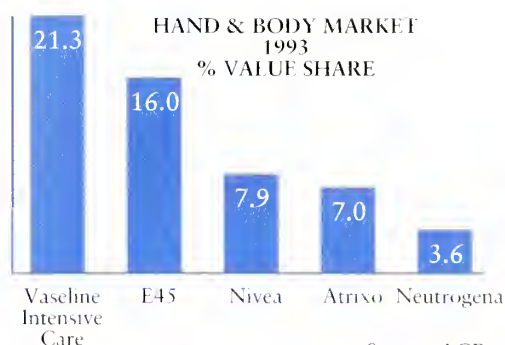
Between 1992 and 1993, the UK body care market grew by 29% in value terms.

• **Increased demand for added value products** - there is a continuing trend towards premium products in the body care sector, with consumers looking to trade up by seeking products with added benefits.

Ray Whitley, Brand Development Manager for Vaseline Intensive Care comments: "Pressure will be on manufacturers to deliver to the consumer real innovation that justifies any price differential".

In 1991, **Vaseline Intensive Care UV Daily Defence** was the first every day body lotion to be launched with UVA and UVB filters to protect the skin from the damaging effects of daylight. Now new Overnight Moisture Treatment body cream is the first body cream to be launched for use at night. It nourishes the skin and rebalances the moisture level during its natural repair time.

• **Ageing** - the population profile is ageing, with a reduction in the number of 15-24 year olds, and an increase in the number of women aged 25 and over. As skin naturally becomes drier with age, this leads to a growing demand for more effective body care products, such as Vaseline Derma Care, which can be prescribed to relieve dry skin conditions, including senile pruritis, as well as endogenous and exogenous eczema, xeroderma and ichthyosis.



Sleeping Beauty

On average we spend one third of our life asleep, which could appear to be wasted time. However, sleep is essential to our well-being, and especially to the skin, one of the largest organs in the body.

During the day skin is constantly under attack from the environment; daylight, extremes of temperature, dry atmosphere, pollution and prolonged contact with water, not to mention



irritants and allergens. At night, whilst the body is at rest and no longer being assaulted by most of the environmental factors of the day, skin goes through a period of repair and regeneration.

During sleep the body relaxes and blood pressure lowers, allowing for an increased blood flow through the skin. Water from the blood supply to the dermis slowly diffuses outwards to the epidermis, bringing nutrients and increased hydration to the surface of the skin to aid cell repair and renewal. This is the time when skin is most receptive to moisture treatment and penetration of topically applied products.

Some sleep facts

- People sleep for 6 to 8 hours per night on average.
- People tend to sleep longer in the winter.
- Lack of sleep can result in skin which is unhealthy and dull in appearance because it is during the hours of sleep that skin can begin to renew itself.
- Sleep is divided into two very distinct types: Non rapid eye movement sleep (NREM) during which the body becomes increasingly relaxed, and is most responsive to moisturising therapies, and Rapid eye movement (REM) sleep during which most dreaming takes place.

Wake up to beautiful skin

Although 50% of body care usage is at night, Vaseline Intensive Care Overnight Moisture Treatment is the *first* body cream to be specifically formulated for overnight use. A unique concentrated moisturising complex, Overnight Moisture Treatment body cream works through the night to help nourish the skin and rebalance its moisture levels during the hours of sleep.

Initial trials of Overnight Moisture Treatment body cream have been extremely positive, with 93% of trialists noting softer smoother skin by morning. Of those who tried this new cream 83% said they would probably / definitely buy.

Triple action

Vaseline Intensive Care Overnight Moisture Treatment body cream is an advanced moisturising complex developed by Vaseline Research specifically to work overnight in three ways:



- nourishing dry skin with Evening Primrose Oil
 - locking in moisture to help rebalance moisture levels
 - helping renewal
- The non-greasy formula is lightly fragranced and easily absorbed into the skin, leaving it soft and smooth, so you can see and feel the difference in the morning.

Overnight Moisture Treatment rebalance moisture levels whilst you sleep.

Do your customers prefer a jar or a tube?

Independent research found that consumers were very specific about the type of dispenser they would use, with 50% choosing jars and 50% preferring tubes for their body care products.

36% of customers said they would go elsewhere if their preferred dispenser was not available, whilst 18% said they would either not buy anything else or trade down to lower cash margin items: 54% potential loss of business for you, the retailer. In fact, only 10% said they would 'gladly' buy the alternative dispenser

Vaseline Intensive Care Overnight Moisture Treatment body cream is available in a 150ml tube or 150ml jar, both priced at £3.49. To maximise on your sales and profit potential, make sure that you stock both!

Simply the best

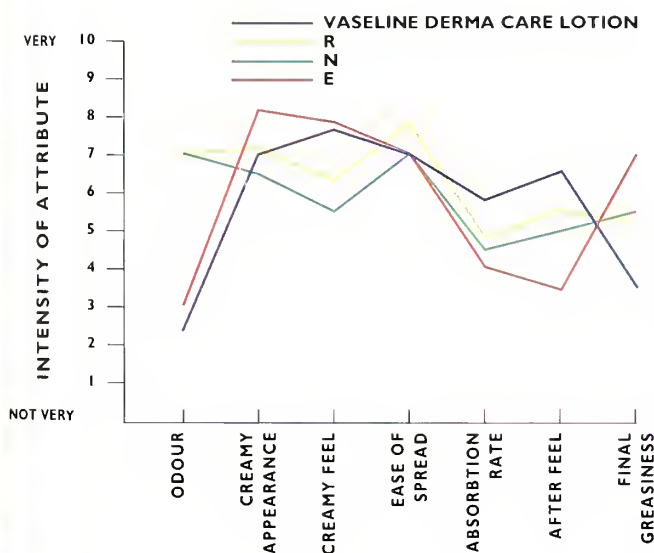
Tests prove efficacy of Vaseline Derma Care over other brands

Scientists at Vaseline Research have tested the effectiveness of their moisturiser against leading European competitor products. A series of tests were carried out to assess product effectiveness, as well as performance in terms of after feel (easy absorption vs greasiness) which are so important to consumers.

Vaseline Derma Care was tested against a number of major brands, including three leading body care products, E, N and R. The whole study was run as a double blind, with neither evaluators nor panellists knowing which products they were assessing /using.

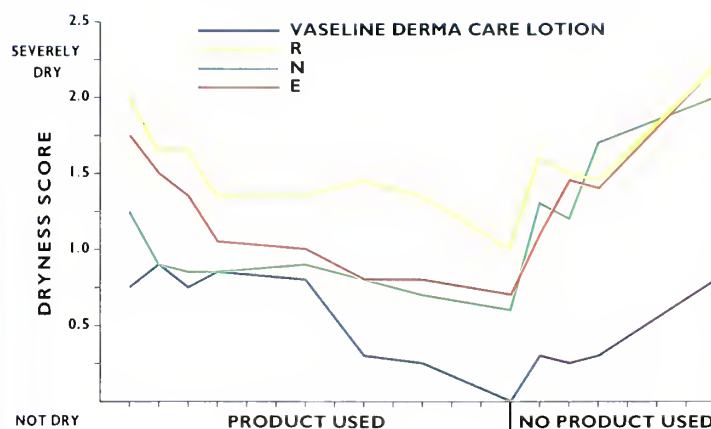
Visual and sensory tests

A specially trained independent panel tested for various different visual and sensory properties like creamy feel, greasiness and absorption rate, ranking from 0 to 10. The results showed that Vaseline Derma Care performed well in the sensory tests. Products E, N and R did not perform as well on these key attributes.



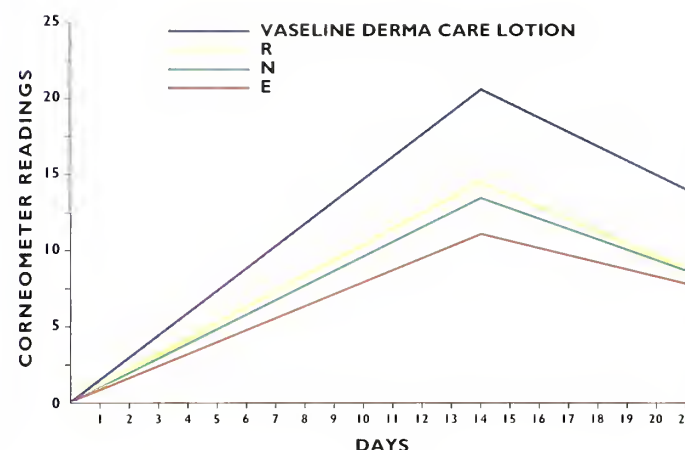
The MET test

The MET test is a clinical study to evaluate the activity of moisturisers in reducing dryness under simulated normal conditions over a two week period, with a one week regression phase where no product is used. This test is carried out on the legs, as the shin area is one of the most prone to dryness on the body. To put the products to the ultimate test in cold, dry weather conditions, the MET tests were carried out in Winnipeg, Canada. Degrees of dryness were measured between 0 = smooth, no evidence of dryness, to 3 = severely dry skin, flaking and peeling.



Corneometer readings

Skin moisturisation was also measured by taking readings with a corneometer (CM 820) readings on days 0, 14 and 21. The readings allow moisturising effectiveness comparison between different moisturisers.



Vaseline Derma Care was the best performing body care product

After the two week period, Vaseline Derma Care was significantly more effective than the other three products, improving dryness by over 85% after 14 days and by more than 66% after 21 days.



As the tests prove, Vaseline Derma Care clearly leads the way in product performance and efficacy, enhancing the skin's natural functions and helping to keep skin smooth, supple and healthy.

Vaseline Derma Care
- Leading Efficacy in
the UK Body Care
Market.

Training video for those who advise on skin care

The Vaseline Intensive Care Training Video contains information on common skin problems, a graphic sequence on the function of skin and action of moisturisers, as well as key training points. These include how to treat the whole person, not just their symptom, the type of advice to offer and when to refer.

The video can be obtained by filling in the form below. Copies

of the Vaseline Intensive Care Skin Factfile and Hand and Body Care leaflet can also be obtained from the Vaseline Intensive Care Bureau SS2, PO Box 289, Sawston, Cambridge CB2 4HH.



TRAINING VIDEO ORDER FORM

Name: (Mr / Mrs / Ms) _____

Address _____

Postcode _____

(BLOCK CAPITALS)

Please send me _____ Vaseline Intensive Care Training Video @ £1.99. I enclose a cheque or postal order for the sum of £_____ made payable to The Vaseline Intensive Care Bureau.

Post to:

The Vaseline Intensive Care Bureau, SS2
 PO BOX 289, Sawston, Cambridge CB2 4HH.

Please allow 28 days for delivery.

PRICE INCLUDES 10% DONATION TO THE NATIONAL ECZEMA SOCIETY



Win an 'Overnight' bag from Vaseline Intensive Care.

Answer these five questions and send the answers with your name and address on a post card to the address below. The first five correct entries pulled out of the bag will be sent an 'Overnight' bag which includes samples of new Vaseline Intensive Care Overnight Moisture Treatment body cream

- Q1.** At what time do skin cells most actively renew themselves?
- Q2.** Name three elements which cause the skin to become dry
- Q3.** What do the initials NMF stand for?
- Q4.** What is the name of the outermost layer of the skin?
- Q5.** What is the name of the first body care product specifically designed for use overnight?

Please send your answers, name and address to:

The Vaseline Intensive Care Bureau
 24-28 Bloomsbury Way
 London WC1A 2PX
 Closing date 4 June 1994



Vaseline Intensive Care Information

Should you or your customers require further information on the Vaseline Intensive Care range, contact one of the following:

Product enquires:

Consumer Bureau, Freepost, Leeds LS14 2YT
 Tel: 0800 591720

Consumer enquires:

Vaseline Intensive Care Bureau, 24-28 Bloomsbury Way
 London WC1A 2PX Tel: 071-831 6262

Trade Marketing:

Duncan MacConnol, Elida Gibbs, Hesketh House,
 43-45 Portman Square, London W1A 1DY Tel: 071-486 1200



SKIN SCIENCE UPDATE

It's that time of the month again!

The menstrual cycle is a normal physiological process. However, for many women the monthly cycle is associated with considerable pain and discomfort or preceded by premenstrual syndrome. Maria Murray looks at the range of products available to alleviate the symptoms of these conditions



Up to 50 per cent of menstruating women suffer from period pain, it is estimated, and about 10 per cent of these women are incapacitated for at least one day of each month. Period pain appears to be particularly prevalent among teenage girls whose periods have not yet settled into a regular monthly pattern.

The cramping sensation felt at the onset of menstruation is caused by contractions of the uterus to assist in the shedding of menstrual blood. During menstruation the high levels of prostaglandins present in the uterus act to increase muscle contractions. These prostaglandins may also be associated with symptoms such as headache or nausea.

Endometriosis

Painful periods are also closely associated with endometriosis. A survey, carried out by the Endometriosis Society, found that 83 per cent of the women surveyed experience pain during menstruation with 43 per cent stating that the pain was very severe.

Speaking at the launch of International Endometriosis Awareness Week, Hilary Stowe, director of the Endometriosis Society said: "We need to make women more aware that painful periods are not 'just a normal part of being a woman', especially if they also experience pain during sex or pelvic pain at other times."

Management

Period pain is relatively easy to diagnose and management is usually possible with an OTC preparation containing painkillers and/or an antispasmodic.

As period pain is associated with higher levels of prostaglandins, prostaglandin synthetase inhibitors such as ibuprofen and aspirin effectively relieve the pain.

Aspirin is not able to compete effectively for prostaglandin binding sites in the uterus. Therefore when it is recommended for dysmenorrhoea it should be



administered two to three days before the period begins.

Homoeopathic preparations are also available — Nat Mur, Lycopodium, Calc Carb are all remedies Nelsons recommend for relieving period pain as is

Calc Phos, which is said to be helpful if periods are late in starting and heavy. For the more exuberant personality, Belladonna is often recommended for heavy period and period pain.

Market news

Windsor Healthcare, the manufacturer of Buscopan (hyoscine butylbromide), have

Continued on p644

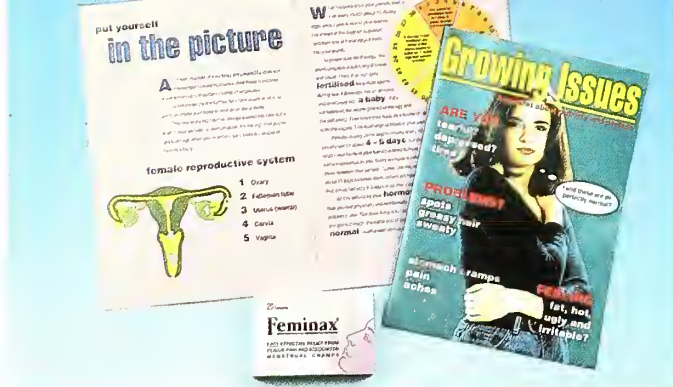
Continued from p643

produced a new consumer advice booklet on menstruation and dysmenorrhoea.

"Your Body, Menstruation and Period Pain — a Guide" contains information on the female reproductive system, the menstrual cycle, period pains, healthy eating and exercise. It also includes a personal diary so that consumers can record the dates of their period.

The Windsor salesforce is distributing the booklet to pharmacies. Further information and copies can be obtained by contacting the company.

"Growing Issues", a booklet with information on menstruation and puberty aimed at teenage girls, was launched last year by Roche Nicholas Consumer Healthcare. To date 25,000 copies have been distributed to



Over 25,000 copies of the "Growing Issues" booklet have been distributed

imbalance; abnormal prostaglandin synthesis as a result of changes in prolactin levels; or a deficiency in essential fatty acids, particularly gamma-linolenic acid (GLA), leading to abnormal sensitivity to prolactin.

Management

Management of PMS is another area of controversy. A wide spectrum of products has been used to treat PMS with varying degrees of success. Therapies used range from pyridoxine, magnesium supplements, progesterone and diuretics, through to evening primrose oil.

Evening primrose

Although evening primrose oil is only licensed for atopic eczema in the form of Epogam and breast pain in the form of Efamast, Efamol say relief of premenstrual syndrome is the prime condition associated with EPO — accounting for over two-thirds of usage.

The market for EPO products is estimated to be worth in the region of £30 million.

Efamol say when the body fails to produce enough prostaglandin, prolactin and the ovarian hormones have "excessive effects leading to mood and metabolism changes". They reason that EPO is effective in PMS because of its ability to replace essential fatty acids — in particular gamma-linolenic acid and its derivative prostaglandin E1.

Efamol say they have continued to develop their formulation to provide a balance of GLA with mineral co-factors such as magnesium and zinc.

Scotia say they intend to

apply for a product licence for an OTC EPO product later this year, but they were unwilling to disclose the indications until the licence has been granted.

GLA alternatives

Although Roche deny that their Starflower Oil (Borage) product is marketed for the relief of PMS, their advertising for the product refers to starflower's particular popularity with women "because of its ability to help maintain hormone balance", and to people "taking a higher intake of GLA, either daily or prior to their monthly cycle".

Sanatogen have recently launched their own Starflower Oil product.

Efamol say their support

be used by pharmacy staff to obtain information and answer specific queries on EPO.

New supplements

The Cantamega One-A-Day range, launched last year, includes a Pre-Menstrual formula which the manufacturer says is a balanced combination of evening primrose oil, vitamin B6 and iron. The tablets are blister packed in 30s with a recommended retail price of £3.95. The Specially For range, from Ideal Health, also has a PMT product which contains vitamin B6, passiflora, valerian and borage oil.

Homoeopathic

According to Nelsons, minor cases of painful periods or pre-menstrual problems can be managed with over-the-counter homoeopathic remedies.

Pulsatilla is recommended for women prone to painful or irregular periods, or who suffer irritability or physical symptoms associated with pre-menstrual syndrome. According to the company, women most likely to benefit from pulsatilla are fair-haired, shy, emotional and weepy and easily upset by their condition.

Sepia is another remedy for "dark-haired women, if they feel extra moody before a



Buscopan from Windsor Healthcare

pharmacists, teachers, school nurses and other health professionals. Consumer advertising for Feminax has been targeted at teenage girls in particular.

Period pain is fourth in Nurofen's Top Ten of Everyday Pain. The current £4.5 million "Clouds" advertising campaign for the brand will continue throughout 1994.

PMS

Premenstrual syndrome is a term used to describe a collection of symptoms that usually develop for up to 14 days before a period and disappear once the period starts. Estimates of the incidence vary enormously — 15-90 per cent — and some research has indicated up to 40 per cent of women may be incapacitated by the condition.

The symptoms most commonly associated with the condition include: water retention, breast tenderness, anxiety, irritability, headache, depression, increased appetite and nausea.

The cause of PMS is still a subject of debate and speculation. A range of theories include an oestrogen/progesterone imbalance; pyridoxine or magnesium



Starflower oil capsules from Roche Consumer Health

package during 1994 will include promotional activity geared towards the pharmacy shopper. Advertising will begin in April issues of women's titles and a campaign highlighting the benefits of Efamol in PMS will run throughout 1994.

The Efamol Information Service (Tel: 0483 570248) can

period if menstruation is late.

Herbal

Agnacast tablets from Gerard House are recommended by the company for PMS. They are said to "help reduce jittery feelings, balance fluid changes and cope with moodiness associated with 'monthly blues'".



A field of evening primrose

OTC options in osteoporosis

Osteoporosis is now a major public health problem associated with disability, death and enormous costs to the NHS. Pharmacists can offer advice on the prevention and management of the condition and the role of calcium supplements

Osteoporosis costs Britain about £640 million annually — direct medical costs account for £411 million of the total. Earlier this year, the National Osteoporosis Society produced a document "Priorities for Prevention", which outlined strategies for preventing the disease.

Osteoporosis cannot be reversed but it can be managed effectively to prevent further bone loss, relieve pain and prevent further fractures.

The risk of fracture depends on the bone density and the force applied to it. Peak bone density is now thought to have a genetic potential which is modified by hormonal, nutritional and mechanical factors. The major nutritional determinant of peak bone density is probably dietary calcium.

Oestrogen deficiency in post-menopausal women is associated with rapid bone loss and development of osteoporosis. Other strong risk factors for development of the disease are:

- Premature menopause (natural or surgical)
- Prolonged amenorrhoea
- Previous fracture after minimal trauma
- Long-term corticosteroid use
- Cushing's syndrome
- Malabsorption, intestinal disease
- Gastrectomy
- Alcohol abuse
- Tobacco abuse.

The following are some weak or doubtful risk factors:

- Positive family history
- Hyperthyroidism
- Liver disease
- Smoking
- Low body mass index.

The Society recommends targeting children and young adults to build up their bone density by lifestyle modification. Health education through schools and at the primary care level should provide advice on:

- Nutrition and the importance of calcium
- Weight-bearing exercise
- Not smoking
- Avoiding alcohol abuse.

Intervention in mid-life is particularly important for women who experience rapid bone loss at the time of the menopause (and usually have a lower peak bone mass than men). According to the NOS, all women should be seen in well-woman clinics, menopause and osteoporosis clinics where appropriate counselling can be given:

- Advice on lifestyle similar to that for children
- Information on the short- and long-term benefits of hormone replacement therapy



Women who wish to supplement their calcium levels can do so with Calcia in a chewable presentation from English Grains. The chewable raspberry flavoured tablets provide the EC recommended daily allowance of 800mg calcium as well as vitamin D and iron. Calcia Chewable is suitable for both vegetarians and vegans (90 £3.69)

- Assessment of the risk of osteoporosis and advice on preventive action.

In older people the risk of osteoporosis should be monitored and reviewed regularly. A population-based strategy should include:

- Advice on lifestyle
- Preventing falls
- Review of osteoporosis risk.

Calcium's role

Calcium plays a very important role in bone formation. However, there is some controversy about the usefulness of calcium supplements in established osteoporosis in well nourished women.

A number of trials carried out to investigate the efficacy of calcium as a means of preventing or slowing bone loss have produced conflicting results. The NOS says most doctors would consider calcium supplementation to be of limited benefit if taken on its own and that it should be used as an adjunct to other treatments such as HRT or low-dose vitamin D.

They say calcium supplements may be very beneficial for those at particular risk of dietary deficiency — such as strict vegetarians, vegans and those with lactose intolerance.

Calcium in milk

Frequent milk consumption before the age of 25 was found to favourably influence hip bone mass in middle-aged and older women, according to a

study recently published in the *British Medical Journal* (1994; 308: 939-41).

The authors recommend that milk consumption be encouraged among children and young adults to improve peak bone mass and possibly help prevent osteoporotic fractures in later life.

An assessment of milk consumption was assumed to be a reasonable proxy for calcium intake early in life as about 40-60 per cent of children's calcium intake comes from milk.

However, milk consumption has been falling since the mid-1970s, possibly due to increased concern about saturated fats. There has also been an increase in the consumption of soft drinks in that time.

The authors of the study admit the differences in bone mass between the most and least frequent milk consumers were modest and say the results of their study are tentative and require a longitudinal study for confirmation.

To assist normal URINARY FLOW

Your Customers Choice
Naturally



**The Specialists
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*A traditional
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Gerard House Ltd., 475 Capability Green, Luton, Bedfordshire LU1 3LU
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Thrush ignorance

Antifungals for the treatment of vaginal thrush were deregulated in 1992, providing a new marketing and professional opportunity for pharmacists

About 75 per cent of all women will suffer from thrush at least once in their life and many of them will self-medicate with antifungals available without prescription.

In 1993, around 750,000 purchases were made for OTC vaginal thrush treatments. And, with such a high incidence of the condition, Centra estimate that this figure could rise to more than 3 million OTC purchases per year.

However, a survey carried out by Gallup on behalf of Bayer, found that many women are still ignorant about the causes of, and treatments for, thrush.

More than two-thirds of women (70 per cent) did not know that antibiotics can cause thrush, three out of five were unaware that wearing tight or synthetic clothing can trigger an attack. Three-quarters of those surveyed did not realise that repeated attacks of thrush may be due to re-infection from their untreated partners.

The survey also revealed considerable confusion about effective treatments for thrush. More than a quarter of the women surveyed could not identify suitable treatments.

A more worrying finding was that approximately one fifth were buying antifungal creams intended for external use to treat vulvitis and athlete's foot. Obviously such inappropriate treatments will not relieve the condition and the woman will suffer recurrent attacks.

Support

Bayer are supporting Canesten with an educational package. Responding to the finding that many women are familiar with the name Canesten but actually using the wrong product, the advertising will focus on the correct thrush treatment.

Bayer will also be running a series of roadshows, beginning in May, intended primarily for pharmacy assistants. Patient leaflets and new point-of-sale



Centra took over the marketing of Femeron in January



Research carried out in Japan suggests that a deficiency of biotin, a B-complex vitamin, could be a factor in thrush. *Candida*, the organism associated with thrush, appears to alter from its "relatively harmless yeast form into its invasive form" more rapidly in a biotin deficient environment. Biotin deficiency is also said to result in dermatitis, lack of appetite, nausea and muscle pains. FSC Biotin 2.5mg tablets are available in packs of 30 (£4.69)

material will be available to pharmacists. The company says that this year's support package for Canesten is worth £1.6m.

Centra Healthcare assumed responsibility for the marketing of Femeron in January this year. Ziona Acari of Centra says:

"Centra is a consumer-focused company so there is a strength in us handling Femeron."

Promotional plans for the product have not yet been finalised but are likely to be concentrated in the second half of the year.

Many women misdiagnosed

Bacterial vaginosis is frequently misdiagnosed as thrush. With increasing numbers of women self-medicating with P products, it is essential the pharmacist can distinguish between the two conditions

Many women presenting to their GP with abnormal vaginal discharge may be misdiagnosed as having thrush instead of bacterial vaginosis (BV). Over 80 per cent of such cases are diagnosed by GPs as thrush with less than 10 per cent as BV.

However, a UK study of 6,000 women who received a microbiological diagnosis of their condition revealed that the incidence of BV was significantly higher than that of

thrush with almost 50 per cent of the women being diagnosed as having BV.

Various studies indicate the prevalence of BV varies from 15-25 per cent of the female population between the ages of 15 and 44.

BV is associated with an abnormal growth of normal vaginal flora. There is a significant reduction in the normally dominant bacteria — hydrogen peroxide-producing

Lactobacilli — to extremely low levels and a increase in the other bacteria, especially anaerobes.

BV can be distinguished from thrush in a number of ways. BV rarely causes itch, inflammation or pain and the discharge is greyish in colour with a distinct "fishy" odour.

Patients with thrush have a white, curdy discharge which has little or no odour and there may be some inflammation. GPs can confirm a diagnosis of BV with a simple litmus test using litmus paper as the pH will be greater than 4.5.

Although symptoms can be worse after sexual intercourse, it is not sexually transmitted.

According to Dr Janet Wilson, genito-urinary consultant at Leeds General Infirmary: "BV might be associated with pelvic inflammatory disease, and in extreme cases, may cause problems in pregnancy."

Risk factors

A number of probable risk factors for BV have been identified: sexual activity;

pregnancy; previous trichomoniasis or sexually transmitted disease; use of an intrauterine device; vaginal douching; hormonal changes; antibiotic suppression of vaginal bacteria; and use of spermicides.

Treatment of BV can be systemic or topical. The most commonly prescribed systemic treatments are metronidazole (500mg twice daily for seven days), clindamycin (300mg twice daily) and ampicillin (500mg four times daily for seven days).

Two topical treatments are available for BV — clindamycin cream (Dalacin cream 2 per cent) applied once daily, and metronidazole cream applied twice daily.

Other topical treatments that have been used with little or no success include sulphonamides and fungicides.

It is important to note that anti-yeast preparations available OTC in the pharmacy are ineffective against BV. Pharmacists should alert purchasers to the possibility of BV diagnosis.

"I'll make your cash register ring."

Now can I ask a favour?

This actress is appearing in a multi-million-pound consumer campaign for Canesten 1 pessary. Added to Canesten's prescription heritage and its already dominant position in the market, this campaign is bound to increase your sales. Now, there is one problem you can help us with.

We've found out that many thrush sufferers use just one kind of Canesten, the 1% Cream, designed for external use only. But first and foremost, they need to treat the cause of thrush, which as we know is inside the vagina. The one to recommend for that is Canesten 1 pessary (or 10% VC, for women who have vaginal dryness problems). It starts working immediately and clears all the symptoms within three days.

So please recommend Canesten 1 pessary – and display our point-of-sale materials prominently.

Canesten[®] 1 Pessary
CLOTRIMAZOLE VAGINAL TABLET

Treat the cause, not just the itch

Product Information

Presentation: Canesten 10% VC is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream. Canesten 1 is available as a single vaginal tablet containing 500mg clotrimazole and an applicator in which to place the tablet for insertion. **Uses:** Candidal vaginitis. **Dosage and Administration:** Canesten 10% VC. Adults. Insert the contents of the pre-filled applicator intravaginally, preferably at night. Canesten 1. Adults. Place the Canesten 1 vaginal tablet in the applicator, and insert intravaginally, preferably at night. Children. Since both of these products are used with an applicator, paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole. **Side-effects:** Rarely patients may experience local mild burning or irritation immediately after inserting the cream. Hypersensitivity reaction may occur. **Use in Pregnancy:** In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental Oral Ingestion:** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions:** Canesten 10% VC. Do not store above 25°C. Canesten 1. No special storage precautions are necessary. **Legal category:** P. **Retail Selling Price:** £5.95 for each product. **Product Licence Number:** Canesten 10% VC, PL 0010/0136. Canesten 1, PL 0010/0083. **Date of Preparation:** August 1992. **Further information available from:** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG13 1JA.



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Half of women in UK will suffer cystitis

Somewhere in the region of 2 million women in the United Kingdom suffer from cystitis. The market for the treatment of this condition is worth about £2.9 million

LRC plan to continue to promote Senselle through the women's Press and radio and television features

A dry problem

A Gallup survey, carried out in 1992, found that one in ten of the 959 women approached nationwide were found to experience temporary vaginal dryness at some time, with the figure rising to one in seven for those aged 35 or over.

Oestrogen deficiency following the menopause is probably the most common cause of vaginal dryness. However, many younger women suffer temporary vaginal dryness following pregnancy, hysterectomy or other surgery, during breastfeeding, or while taking an oral contraceptive pill.

Temporary vaginal dryness can lead to sexual problems and is recognised by organisations such as Relate as a major cause of marital problems.

Two non-hormonal vaginal moisturisers — Senselle from LRC and Replens, manufactured by Columbia Laboratories — dominate the market.

Consumer research carried out on behalf of Replens in 1993 found that vaginal dryness was more common among the 45-64 age groups, but younger women also suffered.

According to Lynn Hough, product manager for Replens, post-menopausal women account for the majority of sales in this sector — an estimated 60 per cent. Even women receiving hormone replacement therapy use vaginal moisturisers: "HRT does alleviate the symptoms of vaginal dryness, but it can take up to two years and in the meantime women obtain immediate relief with products such as Replens."

Symptoms which women sought relief from included: dryness during intercourse, irritation, itching and burning, and recurrence of infection.

The survey also found that twice as many women are

Although vaginal dryness is a problem experienced by women of all ages, it is only recently that its true extent has been fully recognised

prepared to seek advice on their condition from a friend or relative than from a community pharmacist.

Sexual problems

"The loss of vaginal moisture can lead to painful intercourse both for the woman and the man," says Shirley Marks Pinfold, supervisor of sexual and marital therapy for Relate. "It can also produce psychological stresses such as guilt on the part of the woman and fear and frustration on the part of the man."

Vaginal lubrication can alleviate this discomfort. However, LRC stress that persistent vaginal dryness is a medical condition that demands medical attention and Senselle should not be used in such condition without medical advice.

Merchandising

As Replens can no longer be prescribed on the NHS, customers must purchase their supplies from the local pharmacy. Therefore, merchandising of these products and well-informed staff are now of greater importance.

Unipath suggest careful siting of the product within the "browsing area" of the shop which will enable customers who already know what they

want to select it. Although the research carried out by the company showed that many women are prepared to seek advice, most would prefer to hand pick such a product and be spared any possible embarrassment.

The company also suggests that a greater understanding of those customers likely to need a vaginal moisturiser will help all members of staff identify potential customers and generate extra business.

New partners, new plans

In January this year Columbia Laboratories (UK) formed a partnership with Unipath who are now responsible for the marketing of Replens and Feminesse in Ireland and the UK.

Lynn Hough told C&D that Unipath have plans to develop the product and the market sector over the coming months.

"At the moment vaginal moisturisers are included in the lubricant market (worth an estimated £6 million). We have to differentiate vaginal moisturisers and create a new product sector."

Unipath's promotion plans for Replens are focused on education — new consumer leaflets and point of sale material to inform the customer and pharmacy guides to help the pharmacist understand the problem and the treatments available.

According to Lynn Hough the market for vaginal moisturisers has huge potential: "In the United States it is a massive market and we are moving in that direction."

LRC say they will be continuing to promote Senselle through editorial in consumer magazines and through radio and television features.

Cystitis is one of the most common female health problems. About 50 per cent of women in the UK suffer from cystitis at some stage in their lives and may suffer recurrent attacks.

Causes

Cystitis is a common urinary tract infection most commonly caused by enterobacteria in the bladder, especially *E. coli*, which accounts for up to 85 per cent of infections. Fungal infections and viral infections can also cause cystitis in women.

Other factors that can trigger an attack include vaginal deodorants, perfumed soaps, spermicides and disinfectants.

Stress or pregnancy can sometimes make a woman more susceptible to an attack.

Cystitis rarely occurs in men except in old age when the incidence in males is actually higher than females due to prostatic hypertrophy.

Symptoms

Symptoms of cystitis usually begin with a prickling or stabbing sensation in the vaginal area. This is followed by frequent and painful urination, often with little urine passed. The urine may smell foul and have a cloudy appearance.

OTC treatment

Urinary tract infections, when not associated with structural or neurological damage of the urinary tract, usually resolve themselves without further complications. However, the patient will experience considerable pain and discomfort.

A range of OTC products is available to relieve the symptoms of cystitis. Those containing potassium citrate, sodium citrate and sodium

bicarbonate act by alkalisising the acid urine, formed in the presence of *E. coli*.

Patients should be advised to drink large amounts of water (at least three pints daily) to dilute the urine and to help flush the bacteria out of the renal system.

Referral

Patients should be referred to their doctor for further investigation if there is blood in the urine, if the patient is pregnant or if the attacks are occurring regularly.

OTC treatments should be taken for a maximum of 48 hours. If there is no improvement after this time the patients should be referred to their GP for further investigation.

In the market

Roche Consumer Health, the manufacturers of Cystopurin, are running two promotions for pharmacies. Pharmacists who place an order for two cases of Cystopurin directly with a company representative will be entitled to a complimentary writing set.

Cystopurin counter-dispenser units are also available direct from wholesalers. Each unit contains six packs of Cystopurin plus educational cystitis self-help leaflets to assist the



Sales of Cymalon are restricted to pharmacies in spite of the GSL licence because of the condition it treats

customer. The units will be available at standard wholesale price.

Support for the brand in 1994 will include consumer Press advertising in key media and an extensive PR campaign with

advertorials in target women's Press. Educational cystitis self-help leaflets, sponsored by Roche Consumer Health will also be distributed to healthcare professionals.

Cymalon was the first structured course of treatment advertised for the symptoms of cystitis. Although it has a GSL licence, Sterling Health have restricted sale to pharmacy outlets because of the

symptoms it treats.

Sterling Health say there has been a tendency to merchandise cystitis brands behind the counter or in the drawer. The company is advocating that Cymalon should be merchandised on discreet self-selection, adjacent to other feminine hygiene products or sanitary protection where it would be more visible to the customer.



Roche are running two promotions on Cystopurin

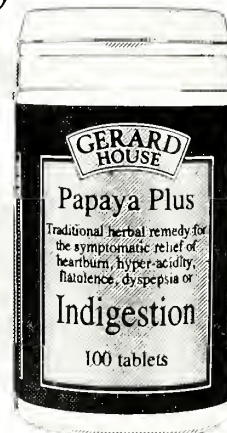
Chemist & Druggist 23 APRIL 1994

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Designed to fit

Over 50 entrants took part in the third Fit for the Nineties Shop Design Awards, co-sponsored by *Chemist & Druggist* and Whitehall Laboratories. But it was Martyn Drew's ballroom-sized pharmacy in Staffordshire that walked off with the first prize in the full refit category for its "ace" design

The aim: to find a refit that matched customer needs in healthcare retailing. The entrants: over 50, from throughout the UK, including Northern Ireland. The results: two outright winners, one for full and the other for partial refits, alongside runners-up, highly commended and commended refits.

"It is gratifying to note that standards are going up, not down," says *C&D* editor and non-voting chairman of the judges John Skelton. More importantly, perhaps, in the eyes of the president of the National Association of Shopfitters and one of the judges, Mike Edmonds, they "more than hold a candle to anything in the rest of retailing".

David Beauchamp, Whitehall Laboratories' managing director, agrees. "The quality of entrants in both categories... has made the judging as difficult, if not more so, than in previous years."

Martyn Drew, however, came out on top to win the full refit category for his ballroom-sized pharmacy in Barton-under-Needwood, Staffordshire.



Martyn Drew (left) with Whitehall Laboratories' md David Beauchamp

His shop is in the enviable position of being the only pharmacy in a village — a village that boasts a three-



Mr Drew's Barton-under-Needwood pharmacy now has a light and airy feel, following its complete refit

handed GP practice, and a non-dispensing one at that. "The pharmacy was smallish, difficult to get in and out of



Mr Whieldon (left), md of Acorn Shop Equipment, with *C&D* Publisher Ron Salmon

and bitty," says Mr Drew. "And the dispensary was partly hidden by a 5ft wall."

So when the building needed to be damp-proofed and renovated anyway, Mr Drew decided to combine the general upheaval that inevitably results with a complete refit.

By Christmas last year it was finished, with Mr Drew putting the finishing touches to the sign himself. The Barton pharmacy now has a modern and efficient dispensing area, as well as providing a comfortable environment for customers to browse in, thanks to shopfitters Acorn Shop Equipment.

The overall impression is one of space. Although the available shelf space has not increased, improved layout has given the shop a larger feel.

Extending the pharmacy into space previously occupied by old outhouses and an alley, as well as taking out internal walls, created the extra room.

This has allowed aisles at least 5ft wide, vital for mums with push chairs and wheelchair users. Their needs have also been built-in with ramps inside the shop. "This is very much a family shop," says Mr Drew.

In keeping with his professional focus, Mr Drew has devoted the back two-thirds of the shop to ethical business.

Winners

Full refit

Winner Martyn Drew, Barton Pharmacy, Barton-under-Needwood, Staffordshire
Runner-up David Stolton, Stolton's Pharmacy, West Hoe, Plymouth

Partial refit

Winner J. Donald Murray, J.N. Murray Ltd, Barrow-in-Furness, Cumbria
Runner-up Jaiprakash Brahmbhatt, Springfield Pharmacy, St Albans, Hertfordshire

Highly Commended

G. Williams, Salisbury Pharmacy, Ballymena, co Antrim
R. Shiels, Culloden Pharmacy, Inverness
M. McInnes, Craighogan Pharmacy, Edinburgh
S. Mawhinney, Cliftonville Road, Belfast
J.A. McKay, McKay Community Chemists, Ballymena, co Antrim

Commended

I & W Maclean, Maclean Pharmacy, Scotstoun, Glasgow
A.H. Shah, Shah Chemist, Hounslow, Middlesex



The judges were impressed with the balcony area of Mr Drew's pharmacy, which doubles as office space

Prizes

- 1) £1,750 for the winner of the pharmacy refit; £750 for runner-up, with plaques for both.
- 2) £1,000 for the winner of partial pharmacy refit; £500 for the runner-up, with plaques for both.
- 3) Shopfitters in both categories get a certificate and the right to use the competition emblem in advertising, etc.

been worth it? "We didn't expect to see an increase in trade. Well, we expected a 1 per cent increase. But we actually saw a 6-7 per cent increase and, of course, greater

access to patients," says Mr Drew. And he is not stopping there. His other pharmacy, in Burton-on-Trent, is up for a refit. His theme? Getting closer to his patients.



The judges and the judged. Left to right: C&D editor John Skelton; J. Donald Murray; Whitehall Laboratories' marketing director, Ellie Hughes; Martyn Drew; are with Whitehall's managing director David Beauchamp



Stephen Benkel (left), md of Riviera Shopfitting and Design (now Facet Design and Project Management) with C&D's Ron Salmon

Judges

John Skelton (non-voting chairman and C&D editor)
Tim Astill (National Pharmaceutical Association director)
Mike Edmonds (National Association of Shopfitters chairman)
Ellie Hughes (Whitehall Laboratories marketing director)

The best of the rest

Full refit runner-up — Stolton's Pharmacy, Plymouth

Excellent use of limited space to promote a strong healthcare image. Inviting shopfront.

Partial refit runner-up — Springfield Pharmacy, St Albans

Good use of spare space to create bonus service (a Clarins studio). Sympathetic design makes the most of period features in the building.

Highly commended — Craiglogan Pharmacy, Edinburgh

Heavy metal fitting out creates the most innovative design in the awards. Takes pharmacy into the space age.

Highly commended — Mawhinney's, Belfast

Dramatic transformation of premises. Good supervision possible. Fine, open dispensary.

The dispensary has become a focal point by being completely open to the rest of the shop; a counter separates pharmacy staff from customers.

There is also an advice/information area, allowing private consultations and a space for patient information leaflets.

The judges were also impressed by the balcony area, which doubles up as office space, yet allows supervision of the dispensary and medicine counter. But Mr Drew admits that this was his architect's brainwave rather than his own!

The outside of the shop has not escaped Mr Drew's attention, although there were problems because of its location in a conservation area. Mr Drew wanted to put in a door at the top end of the shop so there would be flat access for his customers. But the county council went for a door in the centre, with windows either side. Needless to say, the council won. The outer was finished with a green and gold sign, together with re-bricking for a traditional look.

But has all the hard work



Runner-up in the full refit competition with this attractive redesign was Stolton's Pharmacy in West Hoe, Plymouth

Dispensary update

More scripts from residential homes meant that J.N. Murray Ltd had to renovate their dispensary, but without resorting to structural alterations. Yorkline's refit, incorporating a dispensary designed in two halves, won them top prize in the partial refit category of the Fit for the Nineties Shop Design Awards competition

The J.N. Murray Group is no stranger to the Fit for the Nineties Shop Design Awards. Back in the first competition, they won top prize for the refit of their Ainslie pharmacy in Barrow-in-Furness thanks to their new dispensary and consultancy room.

This time, their Duke Street pharmacy just a mile away has

Sound, if unspectacular, conversion of existing dispensary space on a budget. Good supervision possible from the dispensary, although the public does not have the same ability to see what is going on when scripts are dispensed

done the trick with a dispensary fitted by Yorkline.

The Duke Street shop is one of ten in the J.N. Murray Group, seven of these in Barrow. It is a well-established large shop in a secondary town centre position.

As well as a health food section, an area for home brewing and the general pharmacy, all their dispensing to residential homes and nursing homes in the town comes through this shop.

"Homes" scripts have been increasing, so it was time to incorporate that into the design, as well as renewing the dispensary's existing fittings.

This meant designing the dispensary in two halves. The main part, where scripts are dispensed, is also used to print MAR sheets and cassette labels

for Nomad. This area also doubles as a reception for telephone messages and orders from other shops in the group.

A shelf below the hatchway in the main dispensary was specifically designed to take the computer, leaving ample bench space for two printers used for labelling and MAR sheets.

The second area was designated for making up Nomad trays and sorting prescriptions for the residential homes. Its design means that anyone working there would be able to concentrate on filling trays, etc, but still be able to help in the main dispensary when needed.

Special features in the Nomad half include shelves to take box files which store each patient's Nomad inserts; shelves to take Nomad carrying cases; and a leaflet rack around the benches to take messages and stickers for the Nomad system.

As well as the inside of the dispensary, J. Donald Murray, managing director of J.N. Murray, wanted to improve its appearance when viewed from the shop floor. The hatchway was, therefore, redesigned with a prominent illuminated sign together with a new counter.

The side office was redecorated to be used as a consultancy area. The rear stock room was also refitted, this time as a small distribution area for generic drugs.

And the results? A 15 per cent increase in trade through the dispensary.

More to come...

More information on the other winners and their pharmacies will follow in future editions of *C&D*. Also, look out for our Shopfitting feature in the November 12 issue. A letter to shopfitters, outlining the feature will be with you at the end of August. If you would like to be included, make sure that material is submitted by September 29, addressed to Anna Evangeli.



J. Donald Murray of J.N. Murray (left) receives his award for best partial refit from Whitehall's managing director David Beauchamp



J.N. Murray's Duke Street pharmacy has a dispensary deliberately redesigned in two halves



A Clarins' studio helped St Alban's Springfield Pharmacy stand out for the partial refit runner-up prize



Jaiprakesh Brahmbhatt of the Springfield Pharmacy (left) receives his runner-up award for a partial refit from David Beauchamp



When they come flooding in, Vividrin offers economic recovery

During the hayfever season, patients look to you for relief. And for over a decade, one of the mainstays of treatment has been sodium cromoglycate eye drops. Their rapid, effective action and high patient acceptability have proved their worth year after year.^{1,2}

Now Vividrin offers all those benefits on which you and your patients have come to rely **but** with a saving greater than 20%.³ What's more, millions of patient treatments have made Vividrin a European leader in hayfever therapy.

So next time they come flooding in, Vividrin can offer you economic recovery **and** still provide them with quality care.



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Economic recovery for hayfever eyes

Smith+Nephew

VIVIDRIN EYE DROPS. Presentation Eye drops containing 2.0% w/v Sodium Cromoglycate Ph.Eur with benzalkonium chloride, disodium edetate, polysorbate 80 and sorbitol in water. **Uses** Prophylaxis and symptomatic treatment of acute and chronic allergic conjunctivitis and vernal keratoconjunctivitis. **Dosage and administration** Adults, children and elderly: One or two drops into each eye up to four times daily even when asymptomatic. **Contraindications** Known hypersensitivity to any constituents. **Warnings** Transient stinging or blurred vision may occur on instillation. Do not drive or operate machinery until proper vision is restored. Do not wear soft contact lenses during use. Discard one month after opening or if turbidity develops. **Pregnancy and lactation** Use with caution and only when there is a clear need. **Adverse effects** Transient stinging and burning after instillation, other

symptoms of local irritation. **Pharmaceutical precautions** Store below 25°C out of direct sunlight. **Package quantity and price** 13.5 ml £5.10. **Legal category** POM. **Product licence number** 13374/0010. **Licence holder** Smith & Nephew Pharmaceuticals Ltd, Bampton Road, Romford, Harold Hill, Essex RM3 8SL. **Distributed by** Novex Pharma Ltd, Innovex House, Marlow Park, Marlow, Bucks, SL7 1TB. **Further information** available from Novex Pharma Ltd.

References 1. Heister H, Adam D. Der Augenspiegel 1986. 3. 2. Sorkin E M et al. Drugs 1986; 31: 131-148. 3. MIMS, March 1994 compared to sodium cromoglycate eye drops (Fisons).

*Trademark.

Date of preparation March 1994 VIV/12/94

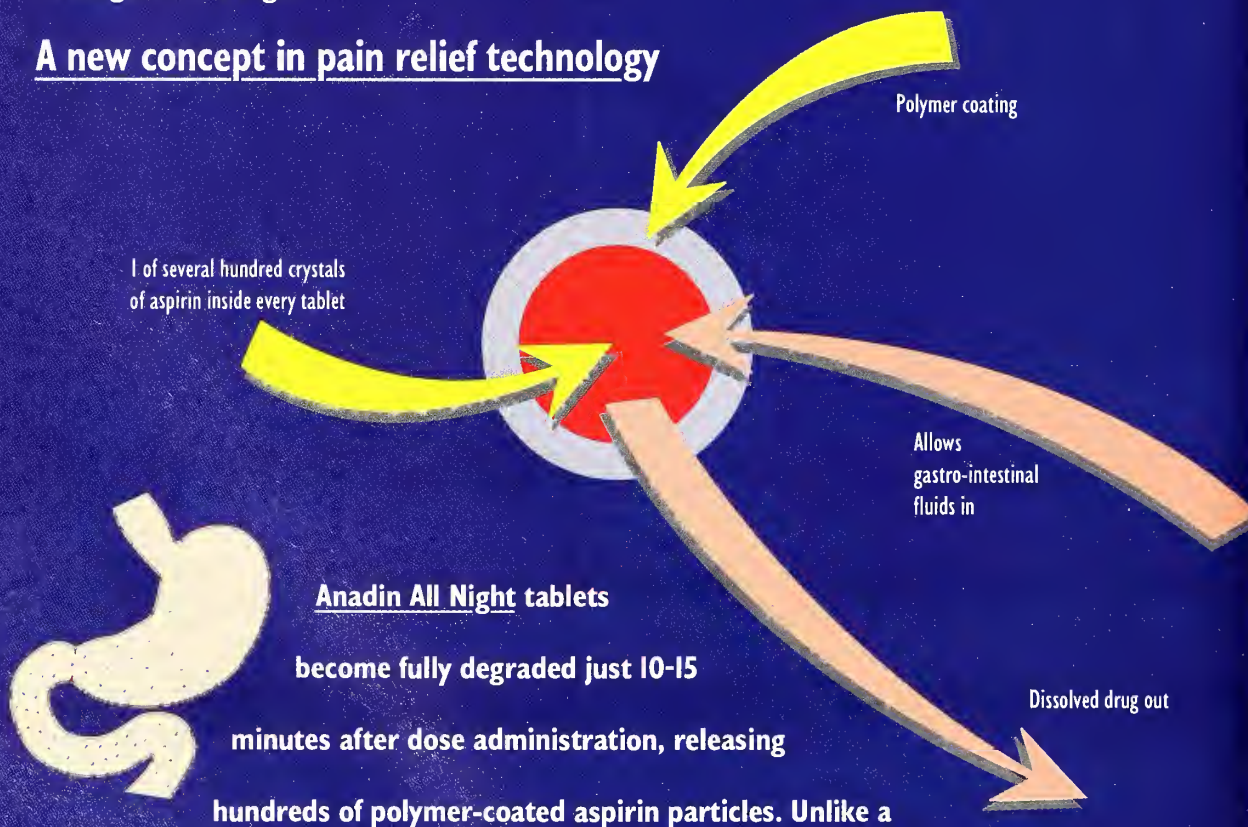
NOVEX

A new era in

For the 7 million people who suffer from night-time pain, new **Anadin All Night*** will come as a welcome relief.

Unlike most analgesics, which have to be retaken every few hours, **Anadin All Night** is a unique controlled-release aspirin formulation, specifically designed to relieve pain throughout the night.

A new concept in pain relief technology



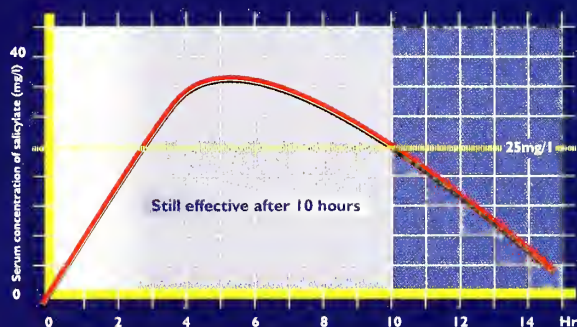
standard tablet which breaks up in the stomach and is absorbed directly through the stomach wall, the polymer-coated particles of **Anadin All Night** are quickly and widely distributed throughout the G.I. tract, which may minimise local gastric side-effects.

Product Information: **Anadin All Night** Analgesic Tablets. **Presentation:** Sustained release tablet for oral administration. Each tablet contains aspirin Ph Eur 500mg. **Uses:** For the treatment of mild to moderate pain, particularly overnight treatment. **Dosage:** Adults and the elderly: Two tablets 1-2 hours before retiring for the night. **Children under 12:** Not recommended unless under the supervision of a doctor. **Contra-indications:** Active peptic ulceration; bleeding tendency (hypoprothrombinaemia, vitamin K deficiency, haemophilia); angioneurotic oedema; hypersensitivity to salicylates. **Interactions:** May potentiate the effects of oral anticoagulants, oral hypoglycaemics and methotrexate. The uricosuric effects of probenecid and sulphapyrazone may be reduced. **Special warnings:** Do not take any other painkillers whilst taking this product. **Precautions:** Not applicable. **Side effects:** Gastrointestinal disturbances such as dyspepsia and epigastric pain. Highly sensitive individuals may experience major gastric bleeding, skin rashes, anaphylactic reactions, asthma or angioedema. Tinnitus with hearing loss, centrally precipitated nausea and vomiting, dizziness and reversible hypothermia may occur. **Effect on ability to drive & use machines:** None known.

pain control.

Each particle is coated with between 1 and 6 layers of polymer which allow a gradual release of aspirin over time:

- * providing sustained analgesia, permitting pain-free sleep.
- * non-sedative analgesic action, meaning no early morning drowsiness.



Taken 1-2 hours before bedtime, Anadin All Night provides effective levels of pain relief all through the night. For seven million people this could be the pain relief they've dreamed of. Anadin All Night is being supported by a £1.7 million launch campaign with TV and national press and extensive pharmacy education and point of sale materials.



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Incompatibilities: None known. **Use in pregnancy:** Not recommended. **Overdosage:** Only persons unduly sensitive to aspirin will show symptoms after taking the product at the recommended dosage level. Such persons should discontinue use whereupon symptoms should subside. Severe intoxication from heavy overdosage is shown by hyperventilation, fever, restlessness, ketosis, respiratory alkalosis and metabolic acidosis; CNS depression may lead to cardiovascular collapse and respiratory failure. Treatment is by induced or aspirated gastric emptying. Forced alkaline diuresis may be required after correction of acidemia by sodium bicarbonate infusion. Cardiac or renal impairment may require haemodialysis or peritoneal dialysis. Anti allergic reactions to aspirin can be treated by administration of adrenaline, corticosteroids and an antihistamine. **Pharmaceutical**
precautions: Store in a dry place, at a temperature not exceeding 25°C. **Legal category:** [P] **Package quantities:** Blisters of 10 tablets, packed in cartons of 10 or 30.
Product licence no: PL 0165/0103. **Date of preparation:** March 1994 **Shelf life:** 2 years. **Price:** RSP £1.95. £3.95. Whitehall Laboratories Limited, Taplow, Berkshire, SL6 0PH. *Trade Mark



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Independent wholesalers need support

We refer to "Topical Reflections", April 9, in which Xrayser praises the efforts of the Yorkshire Pharmaceutical Alliance to restore an independent full-line wholesale service. Xrayser goes on to say that the resurgence of regional wholesalers is probably an unattainable dream.

The fact is that as a truly independent full-line wholesaler, we enjoy very loyal support from a high percentage of the independents within our service area. However, it takes a long time to convince some pharmacists of the benefits provided by the regional wholesaler. Perhaps this is due to the perceived idea that the independent wholesaler is less able to provide the range of services offered by the nationals; in reality the backing of Numark ensures this is all in the mind.

We have recently mailed around 100 independent pharmacies, to whom we could give a twice-daily service. We asked simply that the pharmacist gives us an opportunity to discuss our services and terms.

With so many pharmacies prominently displaying a poster which states "Support your independent pharmacy" perhaps we should be producing one which says "Support your independent wholesaler!"

Ian Crimp

Marketing manager, Graham Tatford, Portsmouth

How to fill scripts for Paediatric Volumatic

As you know, the Paediatric Volumatic inhaler pack produced by Allen & Hanburys contains one standard volumatic device and a Laerdal mask. The Paediatric Volumatic is not included in the Drug Tariff and is not, therefore, prescribable by general practitioners on FP10 prescriptions forms.

It is possible, however, for patients of GPs to obtain a mask if the following procedure is adopted. This has been confirmed with Allen & Hanburys. If the GP orders an ordinary Volumatic on the prescription and orders separately a Laerdal face mask, this will alert the community pharmacist that a mask is required.

The ordinary Volumatic may be dispensed and the mask may be obtained from Allen & Hanburys Medical Department on request, which will be sent by first class post and will be

free of charge (the Volumatic and the Paediatric Volumatic are the same spacer device with the addition of a Laerdal mask in the Paediatric Pack).

The community pharmacist will need to note on the FP10 that the mask is not allowed in order to avoid the prescription being returned.

It is possible that Allen & Hanburys may allow pharmacists or GPs to obtain masks in advance of a prescription, but this is at the discretion of the company.

Although there is a request outstanding with the Department of Health for the Paediatric Volumatic to be included in the Drug Tariff, it is unlikely that this will occur in the near future.

I hope that this clarifies the way in which patients may obtain a suitable mask for use with inhaler devices. It does seem a rather roundabout method and not totally satisfactory, but until the device and mask together are included in the Drug Tariff this would appear to be an alternative.

J G Timmins

Principal pharmacist, Sheffield Children's Hospital

Keep out of party politics, Xrayser

I have long been a sympathiser with most of the views expressed by Xrayser, but I am dismayed that, from time to time, he sees fit to use his column as a party political hustings. If you allow him to misuse his privileged position, I hope you will allow his readers a right to reply.

None of us in pharmacy has any cause to thank the present incumbents of the Department of Health for much, but the present Government ranks alongside the concept of approaching old age — not much to recommend it, but worth tolerating when you consider the alternative!

Does Xrayser really believe that we would be better off under the control of the party that sees private business as a bottomless bank, to be milked as hard and as often as possible to pay for their grandiose schemes of "equality"? Would he really like to return to the days when quite modest incomes were taxed at 60 per cent and real success at 83 per cent? When mortgages and business borrowings were charged at 18 per cent and inflation at 27 per cent ate away any savings that remained and, if you survived all that and managed to invest any money, an additional 15 per cent tax was slapped on your earnings.

Stick to your erudite views on

pharmacy, Xrayser. As a political pundit you just make me laugh.

Anthony Hilton

Peterborough

Well done!

May I take the opportunity to congratulate Allen & Hanburys on the wonderful and imaginative video for counter staff on Beconase Hay Fever. Every staff member should watch it.

R Shah

Luton

Pharmaphunnies

Here are a couple of "Pharmaphunnies" for you (both true!).

An elderly lady presented a prescription for Indocid suppositories. The script was duly dispensed and handed out by the pharmacist who tactfully inquired if the doctor had told her all she needed to know.

"Oh yes," replied the old lady.

She turned to leave, but paused at the door with a thoughtful expression on her face. "Come to think of it," she said, "he didn't tell me how long to leave them in for."

A gentleman quietly asked the lady assistant for Preparation H.

"Ointment or suppositories, sir?" came the immediate reply. He paused to consider.

"I think I'll have the ointment, please." The item was paid for and bagged. The customer then added: "I think I'll take the suppositories as well — they'll do to fall back on."

Harvey Winter

Woolton, Liverpool

Examine Council's motives on training

As always, Xrayser is ahead of the field in perceiving that well-trained staff give him a commercial edge. As one of his peers at Lambeth, I can only applaud his prescience, but I wish he would look a little deeper into Council's motives. Only around 70 per cent of all OTC medicines are currently sold through pharmacies. If we are to improve, or even hold that level, sales from pharmacies must be shown to be more advantageous to the public than sales through any other outlet. Pharmacy must demonstrate added value.

The profession has long held the view that medicines are not common articles of commerce,

a view presently endorsed by legislation. If we are to retain this privileged position, then we not only have to provide added value — we have to be seen to do so. Staff trained to a vocational standard will go some way to flagging the benefits of going to a pharmacy for the treatment of symptoms and the purchase of OTC medicines.

Formulating a premises protocol is merely an extension of this approach. How long does it take to look at your own aims and then summarise them on one sheet of A4 so that your staff know exactly how your business is to be run? It could be one of the most profitably spent evenings of your life.

The nub of Xrayser's complaints concern profit margins. These are easily dealt with. Rest assured that no manufacturer is going to set price levels which will penalise the company's shareholders. Let's make sure that their legal requirement to promote their shareholders' interests isn't bought at the price of reducing our margins to the unsustainable. If any product yields only 28 per cent, then put it in a drawer someplace and if it offers only 23 per cent, don't stock it at all. We are often accused of being too commercial, so, if a product doesn't generate realistic profits, let's use our undoubted talents and switch-sell!

Ian Caldwell

Glasgow

Sale of Hall Forster

We view with concern the sale of yet another independent wholesaler, again with little or no warning to its customers. The speed with which these wholesalers are disappearing is frightening as we firmly believe that independent pharmacy needs independent wholesalers to thrive.

We are, therefore, seeking to reverse this trend and have set in place the framework for re-establishing an independent wholesaler in West Yorkshire. We would urge all pharmacists in the Yorkshire area to join the Yorkshire Pharmaceutical Alliance and return the form which has been posted to them.

We would also be pleased to hear from any Hall Forster customers who are interested in our organisation. Now is the time for independent pharmacists to stand together and shape our own future.

David Silberstein, Brian Plainer, Philip Marks, Elliot Goran

Yorkshire Pharmaceutical Alliance

Bodyspray market set to grow

This month sees the global relaunch of Impulse — and with it comes the likely growth of the whole bodyspray market. We look at the brand's potential impact on the sector

Night Rhythms, Temptation and Flamenco — each with its own distinctive personality.

Avant Garde will be the lead TV advertised fragrance.

For improved on-shelf impact, the new Impulse line-up will have new, bold graphics including a re-designed butterfly logo, individual motifs denoting each variant's particular personality, and a new registered nozzle design.

Merchandising plans

New merchandising principles have been developed to help retailers make the most of their bodyspray fixtures.

Elida Gibbs are strongly recommending that retailers change their shelf displays to reflect the fact that consumers see bodysprays as being more precious and luxuriant products than functional deodorants.

Says Charles D'Oyly: "Female fragrances are bought and used very differently from deodorants — they are seen as providing 'indulgent refreshment', while deodorants promise functional protection. We want to help retailers reflect this distinction in their display of the category."

"We have thus developed a display unit which gives bodysprays terrific standout. The unit's shape resembles a gently rolling wave and it looks amazing when a few units are put together."

"It has also been designed to accommodate cans other than Impulse. We have been very encouraged by the enthusiasm of retailers — both independents and multiples — towards this merchandising innovation. We hope that in time bodysprays will be given greater in-store prominence," he says.

"Retailers and manufacturers working together in this way does work — as we have seen in the skin category which grew by over £90 million in five years, greatly helped by improved shelf display."

Along with encouraging retailers to change their in-store displays, Elida Gibbs will be putting massive investment into improving



Impulse — the UK's number one female bodyspray — holds 45 per cent value share* of the bodyspray market and is predicting that the relaunch will give a boost to what has been a lower growth market within household toiletries.

Elida Gibbs' category manager Charles D'Oyly explains.

"We believe that the new Impulse line up will attract first time users to the bodyspray sector, which should increase the growth rate from 6 per cent to 9 per cent."

"The revamp will also refresh

and liven up the brand, making it much more desirable to the young girls who currently enjoy the brand."

"Both consumer responses will give Impulse's share a boost and will guarantee our future market dominance."

The worldwide relaunch has been an enormous task — in Europe alone it has involved the rationalisation of 53 fragrances, 76 packaging designs and 26 colours to nine core fragrance personalities.

In the UK this will result in four evocative new fragrances being launched — Avant Garde,

Elida Gibbs are supporting the relaunch with an unprecedented £5.5 million advertising spend during 1994.

More trial-sizes than ever before (1.5 million) will be available from launch.

This trialing operation is a true category building promotion — research undertaken by Elida Gibbs has shown that it is likely to bring almost 300,000 new users to the category. Of these 225,000 will stay loyal to Impulse. In-store leaflets and a major themed promotional campaign are also planned.





consumer awareness, product presentation and promotional activity.

The company will also be working to improve fragrance literacy among consumers and retailers alike with leaflets about the psychology and language of fragrance.

If you would like to order a free display tray please contact Gaby Rae on 071-379 0304.

Fragrant impressions

Retailers can help their customers create the right impression by choosing the best fragrance for them. Psychologists have found a powerful association between the impressions we form of people and how they look and the scent they wear.

In fact, we actually attribute personality characteristics to people based on their choice of perfume — for example people with unpleasant body odour are seen as lazy people who are not concerned about themselves or other people.

Equally, if people smell nice, they are seen as being positive and good to have around. But it goes even deeper than this — right down to the type of smell. For example, women who wear floral scents are not seen as threatening to other women and the scent masks their sexuality.

On the other hand, wearers of more "exotic" oriental scents are seen as being sophisticated, assertive and sexy.

Impulse, with its exciting new line up of nine personalities, means that your customers can match their desired mood to an Impulse fragrance for just £1.99.

* Source: AGB Superpanel 52 w/e January 1994

Impulse key facts

Background

- Created the bodyspray sector when launched in 1979
- Remains clear market leader with 45 per cent share
- Launched with just four variants
- Strategy of introducing new variants each year (developed mid 80s) helped boost retail value
- Each new variant becomes best seller
- New variants keep the whole brand up-to-date
- First pan-European variant was Free Spirit, launched 1992

Advertising

- Dominated female bodyspray advertising — 95 per cent share of voice
- "Giving of flowers" is one of the best known advertising properties throughout the world
- Focus evolved towards a more independent, confident woman
- Target consumers are 11-24 year old girls who are outgoing, spontaneous and with a great sense of fun

Future activity

- 1994 global relaunch
- Promotional support £5.5m in 1994
- 1994 line-up (anticipating ranking)
 - 1) Avant Garde
 - 2) Dynamique
 - 3) Free Spirit
 - 4) Hint of Musk
 - 5) Fresco
 - 6) Night Rhythms
 - 7) Temptation
 - 8) Flamenco
 - 9) Vive
- Price: 75ml = £1.99. Trial size £0.75.



LRC shed 1,000 as UK plants close down

LRC Products are closing all of their UK manufacturing plants and slimming down support functions with the loss of 1,000 jobs.

Also part of the £19 million restructuring programme is the sale of three cough medicine brands to Unicliffe, with more sell-offs in the pipeline.

These moves are expected to save £6m in the first year and £8m in the second, leaving the production of a handful of products to be farmed out to contract manufacturers.

UK sales in the six months to September 30, 1993 were £81.3m, down from £83.9m on the previous year.

Their Chingford site will shut with the loss of 600 jobs forcing Durex condom manufacture to move to Spain and Italy. Durex lubricants, however, will still be made in the UK, but under contract. Sales and marketing, distribution and R&D will also move, although a new location has not been finalised, says marketing director Jean Smith.

The Dundee site will close following the sale of Buttercup, Galloways and Liquifruta cough

medicines to Unicliffe for £11.2m. The sale of Wright's soap, Eucryl toothpowder and Goddards embrocation oil is also on the cards, but Ms Smith could not confirm who the buyer was.

Some 60 jobs will go from the Scottish site, leaving the production of Woodward's gripe water to be contracted out.

A further 240 jobs will be lost after the closure of LRC's Llanelli

site in South Wales where surgical gloves are checked and packed. Activities will be consolidated in Malaysia.

The remaining 100 job losses will be spread throughout LRC.

• LRC Products' parent company, London International Group, say that the impending sale of their photoprocessing division, Colourcare, is "at an advanced stage".

Bottomley confirms stance on generic substitution

Health Secretary Virginia Bottomley says she still remains to be convinced of the merits of generic substitution and that she will consult industry fully should it come "anywhere near adoption".

Mrs Bottomley confirmed her recently stated view on generic substitution (C&D March 26, p500) at the invitation of Stewart Siddall, then president of the Association of the British Pharmaceutical Industry, when they both spoke at the industry dinner on April 14.

Generic substitution would have a devastating impact on UK-based research and development, exports, inward investment and jobs, Mr Siddall said.

The ABPI regretted also that, although medicines only account for 10 per cent of the NHS budget, they are the subject of

constant scrutiny by the DoH.

"Our *per capita* spend on medicines is about half that of France, Germany and Italy, and about one-third of the US and one-tenth of the Japanese spend... Many of us feel that underfunding of the NHS is the root of the problem," continued Mr Siddall.

For her part, Mrs Bottomley complimented the industry on producing quality drugs through genuine innovation.

Referring to the Medicines Control Agency as "probably the fastest licensing agency in the world" she said this had been recognised by the establishment of the European Medicines Evaluation Agency in the UK and by the appointment of DoH deputy secretary Strachan Heppell as chairman of its Board.

• Fernand Sauer is the EMEA's first executive director.

Regina in boardroom fracas

Royal jelly specialists Regina Health are hoping to resolve a series of boardroom brawls with the first of two extraordinary general meetings on Monday.

The headline-grabbing events centre on a power struggle between chairman Paul Geoghegan and his predecessor Shiraz Malik-Noor.

Mr Malik-Noor was ousted from the board over a "difference in management style" with Mr Geoghegan, then managing director, taking his post. There were also allegations of extravagance by the ex-chairman.

Mr Malik-Noor then called for an EGM to be reinstated to the board with two associates, closely followed by a call for a second EGM — this time proposing the current chairman and his finance director be removed. This second EGM is due to take place in May.

Mr Malik-Noor tried to drum up support by sending a letter to shareholders outlining how his two opponents had asked for large pay rises. Mr Geoghegan confirmed he had called for a £10,000 rise, but that was this was cut to 2 per cent. Mr Malik-Noor, in the meantime, had apparently enjoyed a £20,000 pay rise.

Mr Geoghegan claims considerable shareholder support after he sent four letters urging them to reject Mr Malik-Noor's resolution. He says about 20 per cent have responded, with 99.6 per cent on his side.

Queen's Awards 1994

Pharmacists' suppliers were well represented in this year's list of Queen's Awards, taking 14 out of a total 165 awards.

Among companies winning the Queen's Award for Export were: Abbott Laboratories, Beutomatic International, Constance Carroll Holdings, Fine Fragrances and Cosmetics, Genzyme, Helena Laboratories UK, Kenwood Appliances, Nestlé UK, Norbrook Laboratories, Smithkline Beecham Pharmaceuticals, Sunrise Medical, Willett International and Zeneca Pharmaceuticals.

Just one supplier won the technological achievement award — Convatec.

Scotia expand island plant

Scotia Pharmaceuticals are expanding their Callanish production facilities on the Isle of Lewis to cope with the flow of drugs expected to emerge from their research pipeline in the next ten years.

Scotia will fund £2.5 million of the £4.5m programme, the rest coming from a local enterprise scheme. Staffing levels will double in the next three years to about 70 as the production facilities come on-stream.

Own-label onslaught

Procter & Gamble and Unilever are among those clubbing together to fight the threat of own-label competition.

They are concerned about the growing number of "copy cat" products.

Under the British Brand Owners and Producers Group, they are looking for protection from the Trade Marks Bill currently passing through Parliament.



Stewart Siddall, then president of the Association of the British Pharmaceutical Industry, welcomes Health Secretary Virginia Bottomley to the Association's annual dinner at the Grosvenor House last week (see page 706 for appointment of Mr Siddall's successor)

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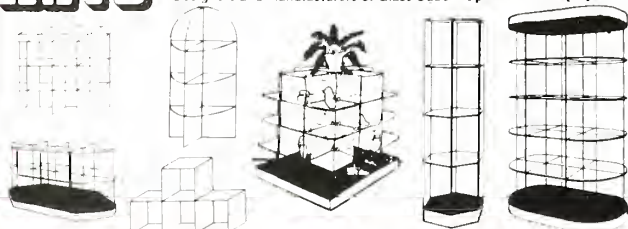
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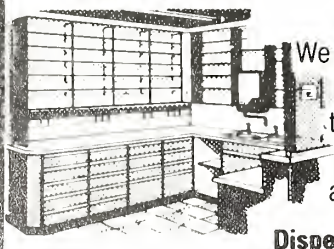
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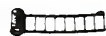
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TRADE LESS 30%+VAT - 7x10 Pergonal amps, 8 Metrodin amps, 1 Zoladex injection, 84 Drogeinil 250mg, 4c30 Hollister 3313. Tel: 06487 48270.

TRADE LESS 30%+VAT - 30 Metrodin HP 75iu, 33 Metrodin 75iu amps, 11 Pergonal amps, 2 Suprefact nasal sprays, 100 Fucidin tabs, 3 Tagamet syrup. Tel: 0202 574386.

TRADE LESS 30%+VAT - Anafranil 50mg, Asendis 100mg & 50mg, Exirel 10mg, 1x90 Glucophage 500mg, Hexopal forte, Hydergine 4.5mg & 1.5mg, Minitran 10mg & 5mg, Negram, Farlutal 100mg, Convatec S239. Tel: 0474 533047.

TRADE LESS 30%+VAT - 180 Acupan tabs 30mg, 156 Alimix tabs 10mg, 99 Cytotec tabs 200mg, 88 Dolmatil tabs 200mg, 60 Epogam paed caps. Tel: 0723 513106.

TRADE LESS 30% - Synarel, Loron, Estracyt, Dibenyline. Tel: 0234 354090.

500GMS TRACACANTH POWDER - Evans. Tel: 03657 21255.

TRADE LESS 30%+VAT - 180 Isordil Tembids (exp 2/95), 56 Adizem SR 120mg (exp 10/94), 72 Madopar 125 dispersible (exp 12/94), 48 Picolax sachets (exp 10/96), 100 Cardene 20mg (exp 6/97). Tel: 081-994 2447.

TRADE LESS 30%+VAT+POSTAGE -

20x10ml Becotide susp for nebulisation (discontinued line). Tel: 0254 52361.

£4.85 - Hydroxocobalamin injection 1000mg (Cobalin-H) (exp 8/98) minimum 50 boxes. Tel: 0352 752050.

TRADE LESS 30% - Ditropan 5mg 84x15 oxybutymin. Tel: 081-878 5909.

FOR SALE

GLASS PERFUME SHOW CASES - 7ftx6ft with lights and on/off wheels, very good condition, quick sale £650 ono. Tel: 071-820 8921/639 4089.

JRC LABELLING PMR/HOMES RECORD SYSTEM - Trade less 30%. Tel: 061-445 3282.

ELECTRONIC TILL - Plus 2 boxes of till rolls to suit £50 ono, BT data modem £30 ono. Tel: 0742 745320.

URGENTLY TO CLEAR SECOND HAND METAL SHELVING - Gondolas and chemist counter, all in good condition, any reasonable offer. Tel: 071-328 9158.

NEBULISER - Econoneb, hardly used, with

video £35. Tel: 0268 565111.

MANREX EQUIPMENT - Including two trolleys, trade less 30%. Tel: 0777 703480.

LINK 2+ PMR LABELLING SYSTEM - With tape streamer, best offer secures, buyer to collect. Tel: 081-845 5967.

IMAGER MICROLAB - In full working order, £6000. Tel: 0222 708313.

WANTED

ANY STOCKS OF REHIBIN TABS 100MG

- Tel: 0743 249931. **BIOTROL ELITE 32-835** - Coloplast MC 5740, Surgicare Convatec S312, S320, S353. Tel: 0963 250159.

ACCOMMODATION

FURNISHED FLAT - 2 bedrooms, central heating, near Central Line tube and M11, Wanstead, E11. £160 per week. Tel: 071-739 5756 daytime or 081-501 3520 evenings.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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Aboutpeople

Pat Hoare leads NAWP

Mrs Pat Hoare has been appointed the new president of the National Association of Women Pharmacists.

Formerly vice-president of NAWP, she is also chairman of the Royal Pharmaceutical Society's Slough Branch. She lives in Beaconsfield and works as a locum community pharmacist, although she is currently employed full-time helping to run an independent village pharmacy.

The new NAWP vice-president and treasurer is Lady Connie Perris, a former hospital pharmacist from Birmingham. The secretary is immediate past



Royal Pharmaceutical Society president Nicholas Wood is delighted to present the new NAWP president Pat Hoare with her chain of office

president Mary Gwillim-David; the registrar is Sarah Insole; public relations officer, Peggy Baker; and newsletter editor, Vena Burden.

Pharmacists in marathon battle

Pharmacists were out in force for Sunday's London Marathon.

Dean Vincent, proprietor of Vincent Pharmacy, Charlbury, Oxford, ran wearing an NPA "Ask Your Pharmacist" T-shirt. This was his second marathon and, although it wasn't a personal best time, he completed the course in three hours, 30 minutes and 27 seconds.

He managed to raise over £800 for the National Asthma Campaign and a local campaign

raising money for an all-weather sports centre.

Alice Osborne, of the pharmacy department at Maidstone Hospital, was one of three Kent pharmacists braving the weather.

Alice, who trains with Canterbury Harriers, completed the course in a personal best time of two hours, 53 minutes and ten seconds. "I was really, really pleased. I feel a little bit sore, but not too bad. I expect I'll feel worse tomorrow," she said.

The proceeds from this, Alice's fourth marathon, are going towards Kent's Air Ambulance.

Community pharmacists Tim Murray and Maurice King also lasted the distance.



Dr Till Medinger is presented with his chain of office as the new president of the Association of the British Pharmaceutical Industry by Stewart Siddall, who stepped down after a two-year term at the ABPI dinner (see p700 for a report on ABPI after dinner speeches)

Glasgow pharmacist wins Schering Award

Elizabeth Roddick, a community pharmacist from Glasgow, has been awarded the 1993 Schering Award by the College of Pharmacy Practice.

Mrs Roddick has been closely involved in changing GP prescribing habits and demonstrating the contribution community pharmacists can make in community primary healthcare.

She is currently participating in research, in collaboration with her local GPs, under the "sharing package" project.

Mrs Roddick is a member of the Scottish Executive, the Scottish Pharmaceutical General Council Standing Committee, the Pharmacy Audit Committee and is vice-chairman of the Greater Glasgow Health Board's Area Pharmaceutical Committee.

Efamol take on the Western Isles Challenge

Efamol are one of the sponsors of the first-ever Western Isles Challenge — described as one of the toughest team endurance races in the UK.

Each four-man team, using no mechanical energy source, must

make three sea crossings and traverse across 10,000ft of mountains during the 180-mile route across the wild terrain of the Outer Hebrides. Each team is raising money for their own local charity.

Coming events

Monday, April 25

Derby Branch, RPSGB, at the Postgraduate Medical Centre, Derbyshire Royal Infirmary, 7.30 for 8pm (buffet). "Treatment of cancer in the community" presented by a Macmillan nurse and a clinical pharmacist.

Eastbourne Branch, RPSGB, White Stones, Seaville Drive, Pevensey Bay at 8pm. Annual general meeting.

Tuesday, April 26

Ayrshire Branch, RPSGB, at Piersland House Hotel, Troon at 8pm. Annual general meeting.

East Metropolitan Branch, RPSGB and West Ham & District Association of Pharmacists, Wanstead Library, Spratt Hall Road, Wanstead, 7.30 for 8pm (buffet). Address by Derek Ball, divisional manager of the PPA in Durham.

Wednesday, April 27

Barnet Branch, RPSGB, at Postgraduate Medical Centre, Barnet

General Hospital, 7.30 for 8pm. Annual general meeting followed by talk on self-defence by the local police.

Borders Branch, RPSGB, at the Education Centre, Borders General Hospital at 7.30pm (buffet). Annual general meeting followed by talk on the subject of hormone replacement therapy.

Thursday, April 28

Bradford & Halifax Branch NPA, The Bankfield Hotel, Bradford Road Bingley at 8pm. Annual general meeting.

Somerset Branch, RPSGB, Postgraduate Medical Centre, Musgrove Park Hospital, Taunton 7.15 for 8.15pm (buffet). Annual general meeting followed by "My life on the bench", a talk by Judge Kenneth Willcock.

Stirling & Central Scottish Branch RPSGB, The Forthbank Leisure Stadium, Springkerse at 8pm (buffet). Annual general meeting and quiz time.

Appointments

Tony Barber and **Richard Rowlands** are the latest two appointees to the Numark Retail Advisory Board, adding representation to the south coast and the North-East of England.

Mr Barber, who owns a pharmacy in Selsey, West Sussex, says: "I am sure that Numark

offer the best future for independents."

Mr Rowlands agrees. "I value the group identification to which Numark membership entitles me," he says.

Mr Rowlands owns two pharmacies in the North-East of England.

BRAND LEADER

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Ibuleve. A success story since the day it was launched. Nearly three years on, it's still the out-and-out brand leader.

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Active Ingredient: Ibuprofen BP 5.0% w/w. **Directions:** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult doctor. Not recommended for children under 14 years. Patients with a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using IBULEVE. Keep away from broken skin, lips and eyes. Not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Do not use if sensitive to any of the ingredients.
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